



# CLAYROOM SUMMER CRAFTS REGISTRATION FORM

## CHILD #1

Child's Name:

Date of birth:

Phone:

Known Allergies:

Address:

City:

State:

ZIP Code:

## CHILD #2

Child's Name:

Date of birth:

Phone:

Known Allergies:

## PARENT/GUARDIAN CONTACT INFORMATION

Name of Parent or Guardian:

Address:

Phone #1  
Phone #2

City:

State:

ZIP Code:

Relationship:

## EMERGENCY CONTACT INFORMATION PLEASE LIST TWO PEOPLE TO REACH IN CASE OF EMERGENCY IF PARENT OR GUARDIAN CANNOT BE REACHED

Name:

Phone#:

Relationship:

Name:

Phone#:

Relationship:

## PLEASE CHECK THE WEEK(S) YOU WILL ATTEND

July 9<sup>th</sup>

August 6<sup>th</sup>

July 16<sup>th</sup>

August 13<sup>th</sup>

July 23<sup>rd</sup>

August 20<sup>th</sup>

July 30<sup>th</sup>

August 27<sup>th</sup>

In case of an emergency, I give permission for my child to receive medical treatment. My preferred hospital is:

\_\_\_\_\_.

Signature of parent or guardian:

\_\_\_\_\_

Date: \_\_\_\_\_

Payment: To secure your spot, call the Clayroom at the number below with credit card information for full payment or a \$100 non-refundable deposit.

Telephone: 617-566-755. Business hours: 12pm – 10pm daily.