

PERMISSION FOR MINOR CHILD TO PARTICIPATE IN ART PROGRAMS-2022

Child's Full Name _____

Parent/Guardian Name _____

Address _____

Telephone _____

Email _____

Please circle YES or NO next to each statement

YES **NO** I give permission for my child to participate in Lemon Street Gallery's art programs. I understand that my child will work alongside adult artists and other children, inside the gallery building or outside in Union Park (one block east of the gallery) I understand that if my child is working in the Ceramics studio, they will be walking down stairs to the lower level (there is no elevator.)

YES **NO** I give Lemon Street Gallery permission to include my child in photographs that will be used in our newsletters and reports to funders. Children will NOT be identified by name.

Parent's Signature _____

Print name _____

OTHER THAN YOU, name 1 or 2 people who are allowed to pick up your child, or write "no one else." Your child will only be released to you or the people you name here unless other prior arrangements are made.

Please **print** up to two names only

Medical Information:

Please list any medical information that we need to know for your child's safety, including food and insect allergies.

Emergency Phone Number where you can be reached: _____

Please return this slip to Lemon Street Gallery: 4601 Sheridan Road, Tel. 262-605-4745 or email:
beth@lemonstreetgallery.org BEFORE the first day of class