

# KUUMBA INSTITUTE

“ART FOR LIFE” / ASHÉ CULTURAL ARTS CENTER YOUTH PROGRAM

## REGISTRATION FORM

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

**T-shirt Size:** Child - S M L Adult - S M L XL

Parent/Guardian Name \_\_\_\_\_ Ph \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Ph \_\_\_\_\_

List any medical issues such as ALLERGIES or any other conditions particular to your child that the Staff needs to know:

\_\_\_\_\_  
\_\_\_\_\_

Family Annual Household income: \_\_\_\_\_

Number of people living in household: \_\_\_\_\_

Parent permission to use photos, film or any likeness of your child for promotional purposes only. PLEASE SIGN BELOW:

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