

THIS FORM MUST BE COMPLETED AND RETURNED BEFORE YOUR STUDENT CAN BEGIN  
A.R.M.E.S. CLASSES.

**Arts Reaching Middle & Elementary Schools  
2011-2012**

_____ ART (Greg Flint)	DAY OF CLASS	_____	TIME OF CLASS	_____
_____ ART (Donna Shank Major)	DAY OF CLASS	_____	TIME OF CLASS	_____
_____ ART (Rebecca Stockham)	DAY OF CLASS	_____	TIME OF CLASS	_____
_____ DANCE (Jeana Nitsche)	DAY OF CLASS	_____	TIME OF CLASS	_____
_____ DRAMA (Kathryn Ballou)	DAY OF CLASS	_____	TIME OF CLASS	_____
_____ STRINGS (Eleonore Shults)	DAY OF CLASS	_____	TIME OF CLASS	_____

**STUDENT INFORMATION:**

_____ Last Name	_____ First Name	_____ Name Goes By	_____ Preferred Phone Number	
Address: _____	Street or P.O. Box _____	City _____	State _____	Zip _____
Student Cell _____	_____	Student lives with _____	_____	
_____ Student e-mail address		_____ School for 2011-2012	_____ Grade	

**PARENT/EMERGENCY INFORMATION:**

Mother (full name): _____	Work Phone _____
* E-mail address _____	Cell Phone _____
Father (full name): _____	Work Phone _____
E-mail address _____	Cell Phone _____
Address and home phone number if different from student _____	
* Due to budget constraints, we will communicate with you mainly through email. Please make sure you have included your email address and it is legible.	
Additional EMERGENCY CONTACT (Name and Phone Number): _____	
MEDICAL INFORMATION: List any health problems/regularly prescribed medications, etc., of which instructor should be aware: _____	
SPECIAL ACCOMMODATIONS: _____	
NAME OF PHYSICIAN AND PHYSICIAN'S PHONE NUMBER: _____	

I hereby authorize my child's enrollment in the A.R.M.E.S. program for the 2011-2012

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date