The Art Center, Inc.
c/o Mark Rosenthal
423 East 75th Street
New York, NY 10021

Dear Parents:

Thank you so much for enrolling your child in a program of The Art Center. Please sign and return this release form as soon as possible, but no later than the first day of class.

I certify that the enrollee has no condition that prohibits full participation in the activities at The Art Center. I assume all ordinary risks when using the facilities and hereby release The Art Center, or any of its employees, for any injury or damage suffered in connection with said use of the aforementioned facility and its equipment. In case of an emergency and I cannot be reached, I authorize The Art Center, its agents and employees, to contact and secure, if necessary, medical attention for my child.

I also understand that I am responsible for the supervision of my child prior to and after class and that it is not permissible to leave my child unsupervised.

_____

Parent's Name (Please Print) Parent's Signature Date

_____

Child's Name (Please Print) Child's School

_____

Emergency Phone Numbers

_____@_____

Parent's Email

Thanks very much,
Mark Rosenthal
Director

How did you hear of our program? _____

_____

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email: merosental@earthlink.net www.theartcenterny.com