

Discovery Art Club

Student Name: _____

Homeroom Teacher: _____ Grade: _____

Parent/Guardian
Name: _____

Address: _____

Home Phone Number: _____

CellPhoneNumber: _____

Contact EmailAddress: _____

Emergency Contact Name: _____

Phone Number: _____

Allergies: _____

Student Sincerity Contract:

I will come to Art Club Meetings and attend Art Club functions with my best positive attitude and be respectful to all speakers and artists.

Club Member Signature: _____