

Insurance Information



REGISTRATION & MEDICAL FORM

Student Name _____

___ Male ___ Female Birth Date ___/___/___ Age ___

Address _____

City, State, Zip _____

Home Phone _____

E-mail _____

1st Parent/Guardian _____

Best Contact Phone _____

2nd Parent/Guardian _____

Best Contact Phone _____

Billing Contact _____ Phone _____

Emergency Contact Name _____

W # _____ H/C # _____

How did you hear about us? _____

Special Needs and/or Goals concerning your child _____

Does this student have allergies? ___ yes ___ no

List of _____

Is there any restriction of activity due to disability / medical reasons? ___

Explain _____

Is student up-to-date on all immunizations including Tetanus (DTP)? ___

Company _____ Phone _____

Policy # _____ Group # _____

Doctor Name _____ Phone _____

Hospital _____ Phone _____

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE (Parent or Guardian Signature required)

I (print parent name) _____ understand the nature of the activities at MOSAIC and give my permission for the minor (or myself the adult) _____ to participate in all programs. The health history is correct as far as I know. I hereby give permission to the physician and medical personnel selected by the staff to arrange or provide necessary transportation, order x-rays, routine tests, release any records necessary for insurance purposes, to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied as needed by the MOSAIC personnel. I understand that MOSAIC does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any such fees arising from injury or illness that may occur. I recognize the inherent risk of participating in studio activities and understand that MOSAIC has provided safety measures to ensure the safety of every student participant. I release MOSAIC, its staff and advisory board members and owners, Brad and Ann Brucker, from liability for any injury, loss or damage to the above named person or personal property, or death of the above named person, resulting from participating in activities associated with MOSAIC.

I DO ___ I DO NOT ___ give permission to allow photographs, video tapes, and quotes to be taken for publishing and used to illustrate, promote, and advertise MOSAIC AND IT'S PROGRAM ACTIVITIES. Permission defaults to MOSAIC if a choice is not indicated.

___ I understand that deposits are non-refundable & apply to 1st & last mo

___ I understand and agree to submit post-dated checks with registration

___ I understand that to keep program costs down there will be no make-ups for missed classes except for Fine Arts Classes, with a limit of 1 make-up per 18 weeks regardless of the number of classes missed.

Parent/Guardian Signature _____ Date _____

I agree to obey the rules and restrictions of the MOSAIC program I am attending.

Minor/ Student Signature _____ Date _____

Print Student Name _____

The Place to Discover the Artist in You!