

# PAINT NIGHT REGISTRATION FORM



**Session (circle) June 29 July 13 July 27 August 10 August 24**  
**\*\*Registration is limited to 20 children.**

Child's full name \_\_\_\_\_

Preferred name \_\_\_\_\_ Grade in September \_\_\_\_\_

Parent name \_\_\_\_\_ cell phone \_\_\_\_\_

Secondary phone in case above cannot be reached \_\_\_\_\_

Please list any people with permission to pick up your child at 7:30

\_\_\_\_\_

Medical concerns/allergies of concern:

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

**I grant permission for my child's image to be on the  
Margaret's/Elisabeth's website and/or Facebook pages.**

**Circle YES NO Parent Signature** \_\_\_\_\_

**Amount enclosed** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Cash Today's date** \_\_\_\_\_

Please make check payable to Anne Tavares-Buker

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

**Elisabeth's Restaurant**  
**1 Middle Street**  
**Fairhaven, MA**

**(508)993-1712**