

**WILLIAMSBURG CONTEMPORARY ART CENTER
BUDDY ART – STUDENT INFORMATION FORM**

Term: ____ Spring ____ Fall / Year: ____

Student

First Name: _____ **Last Name:** _____

Birthdate: _____ (mm/dd/yyyy)

Parent/Guardian: _____

Address: _____

City: _____ **State:** VA **Zip:** _____

Phone:

Daytime _____ **Evening** _____ **Mobile** _____

Email:

1. _____

2. _____

Please explain your child's special need or disability:

Please describe any medical conditions we should be aware of:

Does your child have any allergies? ____ Yes ____ No

If Yes, please describe:

Please describe your child's level of manual dexterity:

Which of the following activities do you think your child would enjoy:

- ☐ **Finger-painting**
- ☐ **Clay (air-drying clay that can later be painted)**
- ☐ **Collage (cutting & pasting colored/textured papers and other objects)**
- ☐ **Drawing (crayons; markers; pastels; colored pencils; pencils)**
- ☐ **Painting (tempera paint at easels)**

Please describe any other art activity your child would particularly enjoy:

Is there anything else you would like to tell us about your child?

Do you have any additional comments?

The gallery will be photographing Buddy Art classes for our records and to promote the program. May we use photographs of your child for these purposes?

☐ **YES, you may use photographs of my child participating in Buddy Art**

☐ **No, please do not use photographs of my child.**

Parent/Guardian Signature: _____

Date: _____

Please complete this form and mail it to:
Karen Schwartz
Attn: Buddy Art
5 Seasons Court
Williamsburg, VA 23188

Or you may deliver the completed form to:
Williamsburg Contemporary Art Center
Attn: Karen Schwartz
110 Westover Avenue
Williamsburg, VA 23185

**For more information, please contact Karen Schwartz
at 757-879-4328 or by email: buddy.art.kids@gmail.com**