

EUROPEAN LANGUAGE CONNECTION

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REGISTRATION FORM

Dear Parent:

Please complete this form and return to:

 **The Arts Center**
320 Broadway, Saratoga Springs


 **Child's Name:** _____


 **Address:** _____


 **Phone #:** _____

 **Relationship:** _____ **Emergency #:** _____

 **Physician's Name and Phone #:** _____

 **Please list any allergies and/or medical conditions; (including food allergies):**

 **Please list names of individuals authorized to pick up your child:**

 _____
Parent/Guardian