



artsJAM OSBORN EVERGREEN ACADEMY! 2009 - 2010

Preliminary Registration Form

Today's Date: _____

Currently the **FIRST SESSION** Will Begin: *October 20, 2009 teaching Visual Art and Drums*

Circle Interest(s): Dance Painting Music Drums Drawing Poetry/Writing Acting

Student Name: _____ Student Phone #: _____

Address: _____ City/Zip Code: _____

Grade: _____ Counselor/Advisor & Rm. #: _____

Osborn Student: Describe (3) things you like to do:

Parent / Guardian Name: _____

Address: (if different from student) _____

City: _____ Zip Code: _____ Email: _____

Home Phone: _____ Work/Mobile Phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ City / Zip Code: _____

Phone number(s): _____

I give my permission allowing my Osborn Evergreen Academy student, named above, to participate in **VSA artsJAM OSBORN EVERGREEN ACADEMY! After School Program = 2:45 to 5pm Tuesdays and Thursdays**

Signed: _____ Date: _____

After School Transportation: (check one after school choice below)

_____ My Osborn Evergreen Student WILL WALK HOME

_____ DOT Bus Cards needed: (*Please circle days*) TUESDAY THURSDAY

Submit form to the Osborn Evergreen Main Office, contact Program Coordinator Linda Boston at 248-210-5555 or call VSAMI at 313-832-3303 for more information.



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