



DICE REGISTRATION FORM

www.pratt.edu/dice fax 718-230-6876 tel. 718-492-1111

Please write neatly. If you wish to keep this poster intact, photocopy this application.

New Student Returning Student

STUDENT'S NAME: Last _____ First _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Age: _____ Gender: M. F Grade: _____

School: _____ Art Teacher: _____

Sibling Name, if enrolled: _____

Important medical information we should know (i.e. allergies) or special educational needs:

Do you have an Individualized Education Plan (IEP)? Y N

PARENT/ GUARDIAN NAME: _____

Mailing Address: _____ City _____ Zip _____

E-mail: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Telephone: _____

Including yourself, list below all persons authorized to pick up your child. If your child can arrive and leave alone, write self.

1. _____ 2. _____

3. _____ 4. _____

Does your family qualify for free or reduced lunches: Y N

I WISH TO ENROLL IN THE FOLLOWING CLASS:

First Choice: Fashion Design Graphic Design Product Design

Second choice: Fashion Design Graphic Design Product Design

TO REGISTER: Bring completed application form to in person registration, or you may return the form to us by email, fax, or mail to the address below.

In person registration

Tuesday October 11 4pm-6pm; South Hall, Room 203

Tara Kopp
Pratt Institute, Art and Design Education, South Hall 203
200 Willoughby Avenue, Brooklyn NY 11205
Email: info@prattdice.org Fax: 718-230-6876

CONFIRMATION

You will receive an e-mail confirming our receipt of your registration as soon as possible. Please make sure that the e-mail address you provided is accurate. Thank you!

By signing below, I agree to the following statements:

- **MEDICAL RELEASE:** I represent that I am the parent or legal guardian of the child that I am enrolling and I hereby give authority to Pratt Institute to obtain medical treatment in the case of an emergency.
- **PHOTO RELEASE:** I hereby give permission for my child and his/her artwork to be photographed and any photo taken to be used in promotional media.
- **FIELD TRIP RELEASE:** I grant permission for my child to go on field trips and release Pratt from liability during studio work, trips, and other events.
- I understand that Pratt does not call in the event of a child's absence or late arrival.
- I understand that Pratt Institute reserves the right to withdraw my child for any reason.
- I agree that my child may participate in the upcoming research study "Art in Non-School Hours for Children and Adolescents" and I have read and understood the research procedures available on our website.

PARENT/GUARDIAN SIGNATURE

➔ _____ Date: _____

TEACHER RECOMMENDATION

By signing below, I believe this student would be an excellent candidate for the DICE program at Pratt Institute and give my recommendation.

➔ Signature _____ Date: _____

Print _____

