



Ipswich Community Access Media

Middle School Animation Club

12 Weeks - THURSDAYS 1:30 pm – 3 pm

Sept 22, 2016 – Dec 15, 2016

Child's Name _____ Grade _____

Child's Address _____

List any allergies child has _____

Parents/Guardians Name _____

Home Phone _____ Cell _____

Daytime/work phone _____

Parent's Email Address _____

Emergency contact name _____

Emergency contact phone# _____

Parent Signature _____ Date _____

Please return this form to:

ICAM – 25 Green St. / Ipswich MA 01938

Or email completed form as attachment to: lcamipswich@yahoo.com