



Summer 2009 Art Registration Form

Student Name: _____ Age: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

Parent/s Names: _____ Home Phone: _____

Email address: _____

Mom's Work/Cell Phone: _____ Dad's Work/Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Entering _____ Grade in Fall 2007 Dietary Restrictions _____

Registering with a sibling/friend? Yes No; Name of sib/friend _____

Medical Conditions _____

Allergies _____

I, _____ agree to allow my child, _____ to receive medical treatment, should the need arise. I also give my permission for my child to be transported to the nearest hospital in the event of medical emergency. As parent and/or guardian of the above named child, I promise to hold "I Made This!" & "It's all About Me!" harmless from any liabilities it may incur from the above named minor in connection with participation in art classes except as might arise because of negligence on the part of our art class. I understand and agree to abide by the policies established regarding attendance times, absences and refunds for tuition. I (or approved listed adults below) will sign my child in/out on at each session. No child will be released to anyone not appearing on the list below or without a hand written note from the parent or guardian. **Students must be picked up no later than 10 minutes after the conclusion of class or they will be subject to a late pickup fee each time.

Signature of Parent/Guardian Relationship to Child Date

Other Authorized Adults for Pick -up _____

Program: _____	Day/Time: _____	Fee: \$200 plus materials fee \$50 TOTAL FEE ENCLOSED: _____ Check #
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Please note that all registration fees are non-refundable.