Studio Arts

Registration Form

(Must accompany payment)

Please remember your space in our program is only confirmed once payment is received!

Student 1 Name_____ Age_____ Date of Birth MM/DD/YEAR

Class Name _____ Class Day & Time_____

Student's School _____ Preferred Pronouns _____

If taking a ZOOM Class, Student's Email: _____ First Visit? YES NO

Student 2 Name _____ Age_____ Date of Birth MM/DD/YEAR

Class Name _____ Class Day & Time_____

Student's School _____ Preferred Pronouns _____

If taking a ZOOM Class, Student's Email _____ First Visit? YES NO

Parent/Guardian Name _____ P/G Phone # _____

Parent/Guardian Email _____ PayPal Email _____

Parent/Guardian Physical Address_____

Which will you respond to most quickly? CALL TEXT EMAIL

Emergency Contact Name _____ Emergency Contact #_____

Emergency Contact Email _____

Full Payment/Total Enclosed $ _____   ☐ PayPal / Credit Card

☐ Full Payment enclosed with Cash or Check   ☐ Checks Enclosed (N/A for summer)

* Please do not disturb a class in session- payment & form can be mailed or dropped in silver mail slot to the left of the front door.

Special Circumstances: Provide information about your child's learning style/differences so that we can support them in the classroom or on ZOOM. Write on the back of this form or attach paper as needed.

I understand there are no refunds or rescheduling of camps/classes. The only exception is closure due to COVID-19, in which case we will offer refunds or credits. I understand that Studio Arts is following CDC Guidelines for COVID-19. I understand that my student may be removed from the program, without refund, if they fail to comply with masking, temperature checks, hand washing, social distancing, etc. I have provided information to assist the teacher regarding my child's learning differences/allergies/special circumstances.

☐ I have read and agree to comply with all STUDIO POLICIES.

I have read and understood the above. Signature _____ Date MM/DD/YEAR