

Student Name _____ Phone (____) _____

Address _____ STREET _____ E-mail _____

_____ CITY _____ ZIP _____

Previous Art Studies _____

_____ Class new student is enrolling

_____ First class date

If applicant is a minor please complete below.

Grade _____ Age _____

Mother's Full Name _____ home _____ cell _____

Mother's Employer _____ work _____

Father's Full Name _____ home _____ cell _____

Father's Employer _____ work _____

PERSONS AUTHORIZED TO PICK UP STUDENT

Name _____ Phone (____) _____

Name _____ Phone (____) _____

PERSON TO CALL IN CASE OF EMERGENCY

Name _____ Relationship _____

Phone (____) _____

PLEASE LIST any medical problems the staff should be aware of including allergies to medications, specific foods and seizures:

PLEASE LIST any learning issues the staff should be aware of: _____
(ie. Autism, Aspergers, Turrets, and any other learning disabilities)

RELEASE: I HEREBY RELEASE THE ART STUDIO, AGENTS OR EMPLOYEES FROM ANY LIABILITY WHILE MY CHILD ATTENDS THE ART STUDIO LLC.

Signature _____ Date _____

MEDICAL RELEASE: IN THE EVENT THE PARENT OR DESIGNATED PHYSICIAN CANNOT BE REACHED, THE ART STUDIO STAFF IS AUTHORIZED TO USE ITS DISCRETION TO SECURE EMERGENCY MEDICAL AID, INCLUDING PARAMEDICS.

Signature _____ Date _____

The Art Studio Policy

- Class fees are due at the beginning of class.
- Class absences are not reimburseable for cash, but must be transferred to a class of equal value within the allowed time.
- Private lessons: 24-hour notice must be given to the The Art Studio llc for all cancelled private lessons, or you will be responsible for the full amount.
- The Art Studio llc and it's agents are not responsible for lost, abandoned or damaged art.
- Refund policy: Full refunds will be given in the event of cancellations. Classes and workshops are not refundable but can be transferred to an equal valued class. Class fees expire in 3 months if not used.

I have read and agree to The Art Studio llc's policy and waiver.

WAIVER: I, the undersigned, agree to indemnify and hold harmless The Art Studio LLC, employees, contractors, agents, and volunteers from any and all injuries, cost, expense and liabilities arising out of my or my child's participation as a student or observer at The Art Studio LLC. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by any act of failure to act by The Art Studio LLC, it's employees, contractors, agents, and volunteers arising directly or indirectly from my or my child's participation as a student or observer and I hereby assume all liability for any and all injury, loss, damage or other liability from such event. I give my consent for The Art Studio LLC to use my or my child's name, likeness, artwork, voice or biographical information and any photos, recordings or videotapes or any other publicity including me or my child while attending classes at or given by The Art Studio LLC.