



Paper.Scissors.Cake. Art Studio

2016-2017 Art Class Registration Form

STUDENT INFORMATION:

Name: _____ DOB: _____ Age: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Parent/ Guardian Name: _____
Email Address: _____
Home #: _____ Cell#: _____
Persons Authorized to pick student up/ Emergency Contact: _____

Class Information:

Class title: _____ Day: _____ Time: _____
Class fee: _____ +
Yearly reg. fee \$25: _____ -
Sibling discount (10%) _____ +
t-shirt \$10 _____ / Apron(\$15) _____ Sketchbook (\$5) _____

Payment: The cost outlined plus tax will be charged. We accept all types of credit/ debit cards, checks and cash. There is a \$30 returned check fee.

Creditcard: _____ exp. _____
security code: _____ billing zip code: _____

___ RELEASE OF CLAIM FOR PERSONAL INJURY AND PROPERTY DAMAGE

The undersigned agree that Paper.Scissors.Cake. Art Studio llc. or any of its assistants, agents, agencies, representatives, or staff shall be released from liability, claims, or demands whatsoever in the event of any accident or injury to said participant resulting directly or indirectly from their participation in a program or activity at Paper.Scissors.Cake. Art Studio llc.

___ CONDUCT STATEMENT

Abusive or insulting remarks or actions towards or about supervisors, instructors, or other participants of the program are absolutely prohibited. Violation of this will result in suspension from attending future classes and/or workshops or activities until reinstated by the owner and no monies will be refunded for missed classes.

___ PHOTOGRAPH PERMISSION

I give permission for Paper.Scissors.Cake. Art Studio llc to use, without limitation or obligation, photographs which may include my child's image or artwork and shared on social media.

___ REFUND POLICY

Classes with insufficient enrollment will be cancelled & all fees returned. No refunds will be granted after the first class has begun, or if the student misses any classes. Within 5 days of the start date, cancellations will receive a refund less the \$25 registration fee.

Signature: _____ Date: _____

We look forward to having your little artist in class~ 404-867-1630