

Paper.Scissors.Cake. Art Studio

Art Class Registration Form
2020/2021

6687 Bells Ferry Rd.
Suite D
Woodstock, Ga. 30189
Call: 404-867-1630
Email: paperscissorscake@windstream.net

STUDENT INFORMATION:

Name: _____ DOB: _____ Age: _____

Address: _____

Parent/ Guardian Name: _____

Email address: _____ Phone No. _____

Persons authorized to pick up/ Emergency Contact and No.

Allergies/ Medical Situations we need to be made aware of:

Class Options:

_____ Creators Class / Wednesdays 3-4pm/ \$ 130

_____ Famous Artist's Class / Wednesdays 4:30-5:30pm/ \$ 140

_____ Famous Artist's Class/ Thursdays 4-5pm/ \$ 140

_____ Middle School Art Club/ Thursdays 5:30-6:30pm/ \$ 140

_____ High School Art Club/ Thursdays 6:45-7:45pm/ \$ 140

Add On:

_____ Custom Logo T-shirt \$ 12 {Choose Size: XS S M L XL AS AM AL}

School Year Registration Fee \$ 25/ *This fee includes administrative duties and a personal art kit*

Payment Information:

Credit Card: _____ Exp. _____

Security Code: _____ Billing ZipCode: _____

{The cost of class outlined plus 6% tax will be charged. Please initial here giving us permission to charge your card every 6 weeks depending on the payment schedule of the class you are registering for _____}

All classes require a two week notice in writing to avoid being charged for the following session's tuition. If proper notification is not given, your card will be charged and no refunds will be given.

_____ Release of claim for personal injury and property damage.

The undersigned agree that PSC or any of its agents, 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.

_____ Conduct Statement

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

_____ Photograph Permission

I give permission for PSC to use, without limitation or obligations, photographs which may include my child's image or artwork and shared on social media or printed materials strictly for the use of PSC.

_____ Refund Policy

Classes with insufficient enrollment will be cancelled and all fees refunded. No refunds will be granted after the first day of class has begun, or if the student misses any art classes. Within 7 days of the class start date, cancellations will receive a refund less the \$ 25 registration fee. No refunds will be given in the event of closings due to COVID19, classes will continue in kit form through the remainder of currently paid session.

I have read and understand the contract in which I am signing:

Signature: _____ Date: _____

We look forward to having your child in class~