

2023-2024 art class registration form

Paper.Scissors.Cake. Art Studio

6687 Bells Ferry Rd. Suite D/ Woodstock, Ga. 30189

Call: 404-867-1630/ Email: pscartstudio@gmail.com

Student Information:

Child's Name: _____ Dob: _____ Age: _____

Home address: _____ Zip: _____

Parent/ guardian name: _____

Contact email: _____ Contact phone: _____

Emergency contacts: _____

Persons authorized to pick up: _____

Allergies/ medications/ medical situations we need to be made aware of:

Class Choice: {please use a separate form for each artist}

_____ Let's Create	ages 4-6	Wednesdays	3:30-4:30pm	\$155
_____ Let's Paint	ages 6-10	Wednesdays	5-6pm	\$160
_____ Let's Draw	ages 10-15	Wednesdays	6:15-7:15pm	\$130
_____ HS art	ages 5-10	Thursdays	1-2pm	\$120
_____ Let's Create	ages 4-6	Thursdays	3:30-4:30pm	\$155
_____ Let's Make	ages 7-10	Thursdays	5-6pm	\$160
_____ Let's Make More	ages 10-15	Thursdays	6:15-7:15pm	\$165

Session Choice: {if signing up for multiple sessions, your card on file will be automatically charged the last week of the current session} {all sessions consist of 7 classes}

- _____ Late Summer weeks of August 21st- October 9th
 - _____ Fall/ Early winter weeks of October 16th- December 4th
 - _____ Late Winter weeks of January 15th- March 4th
 - _____ Spring weeks of March 11-April 29
- *no classes the weeks of Sept. 18th, Nov. 20th, Feb. 19th, April 1st*

School year reg. fee per family/ \$20 (charged when registering for 1st class)

Let's Draw class will be charged a one time \$15 supply fee.

_____ Custom logo t-shirt \$15 choose size: S M L AS AM AL

Payment Information:

Credit Card Number: _____ Exp. _____
 Security Code: _____ Billing Zip Code: _____

(The cost of class outlined plus 6% tax will be charged. Please initial giving PSC permission to charge the above card with each enrolled session) _____

All classes require a 2 week notice, in writing, if not continuing with all sessions chosen. If proper notice is not given, your card on file will be charged the full tuition and NO REFUNDS will be processed.
 _____ (please initial)

Release of claim for personal injury and property damage; the undersigned agrees that PSC or any of its agents, representatives, or staff shall be released from liability, claims, or demands whatsoever in the event of accident or injury to participants named on this form, resulting directly or indirectly from their participation in programs or activities at or with Paper.Scissors.Cake. Art Studio. _____ (please initial)

Conduct statement: abusive or insulting remarks or actions towards or about staff, instructors, or other participants of the program is ABSOLUTELY PROHIBITED. STUDENTS WHO NEGATIVELY DISRUPT CLASS WILL BE IMMEDIATELY EXCUSED FROM CURRENT AND ALL FUTURE CLASSES WITHOUT WARNING. IT IS OF OUR UTMOST CONCERN THAT EVERYONE FEELS SAFE, BOTH

MENTALLY AND PHYSICALLY WHILE PARTICIPATING IN ACTIVITIES AND CLASSES AT PSC. UPON IMMEDIATE TERMINATION, NO MONIES WILL BE REFUNDED. _____ (please initial)

Photo release: I give permission to PSC to use, without limitation or obligation, photographs which may include my child's image or artwork and shared on PSC social media platforms and printed materials strictly for the use of PSC. _____ (please initial)

Refund policy: There are no refunds on missed or unattended classes. No refunds will be given after the first day of class has begun. If cancelling within 7 days of the class start date, all monies, less a \$50 admin and prep fee will be refunded. _____ (please initial)

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

Sign: _____ **Date:** _____

We are truly looking forward to having your child create with us~