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:

Chíld's Name:	Dob:	Age:
Home address:	ina dan dan dan dan dan dan dan dan dan d	Zíp:
Parent/ guardían name:	ann	ann
Contact email:	Contact phone	:
Emergency contacts:	that the the the the the the the the the th	
Persons authorized to pick up:		
Allergies/ medications/ medical situations we need to be made	e aware of:	
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## 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
Draw with me	ages 6-8	Thursdays	3:30-4:30pm	\$130
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 Late Summer Late Winter Spring *no classes	weeks of January 19th- March 4th	
	fee per family/\$20 ( charged when	registering
for 1st class)	will be charged a one time \$15 sup	.1. C.
	go t-shirt \$15 choose size: S M L A	
		Fun
Securitu Code:	Billing Zip Code	::
)		~~~~~~~~~
(The cost of class outli	ined plus 6% tax will be charged. Please initial g	gíving PSC
	ne above card with each enrolled session)	
,	notice, in writing , if not continuing with all sessions chos will be charged the full tuition and <u>NO REFUNDS</u> will be	, ,
agents, representatives, or event of accident or injury t	al injury and property damage; the undersigned agrees t staff shall be released from liability, claims, or demands v to participants named on this form, resulting directly or in r activities at or with Paper.Scissors.Cake. Art Studio.	whatsoever in the ndirectly from their
participants of the program	e or insulting remarks or actions towards or about staff, in is ABSOLUTELY PROHIBITED. STUDENTS WHO NI TTELY EXCUSED FROM CURRENT AND ALL FUTUR	EGATIVELY DISRUPT

WITHOUT WARNING. IT IS OF OUR UTMOST CONCERN THAT EVERYONE FEELS SAFE, BOTH

Sign:	Date:
I have read and understand this contract in which I	am signing:
Refund policy: There are <u>no refunds</u> on missed or unattended cla first day of class has begun. If cancelling within 7 days of the clas and prep fee will be refunded (please initial)	
Photo release: I give permission to PSC to use, without limitation of include my child's image or artwork and shared on PSC social med strictly for the use of PSC (please initial)	
MENTALLY AND PHYSICALLY WHILE PARTICIPATING IN ACTIVITION IN MEDIATE TERMINATION, NO MONIES WILL BE REFUNDE	

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