

2025 school year art class registration for Paper.Scissors.Cake. Art Studio

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

Call: 404-867-1630/ Email: pscrtstudio@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 conditions we need to be made aware of:

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

_____ Homeschool Art	ages 5-10	Wednesdays	1-2pm	\$130
_____ Young Creators	ages 4-6	Wednesdays	3:30-4:30pm	\$150
_____ Let's Paint	ages 6.5-10	Wednesdays	5-6pm	\$160
_____ Drawn Together	ages 9-15	Wednesdays	6:15-7:15pm	\$145
_____ Creative Builders	ages 6-10	Thursdays	3:30-4:30pm	\$150
_____ Let's Make	ages 6.5-10	Thursdays	5-6pm	\$160
_____ Let's Make More	ages 10-15	Thursdays	6:15-7:15pm	\$160

School year reg. fee per family/ \$25 (charged when registering for 1st class)

Drawing classes will be charged a one time \$15 supply fee which covers a sketchbook and sketch pencils for students to keep.

_____ Custom logo t-shirt \$18 choose size: S M L AS AM AL

Payment Information: Even if paying in cash, a card on file is required. Cash payments will receive a 10% discount. No checks are accepted.

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 1 week notice, in writing, if not continuing. 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 5 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: _____