Paper Scissors Cake
ART STUDIO

6687 Bells Ferry Road, Suite D
Woodstock, GA 30189

(404) 867-1630
pscartstudio@gmail.com

August Art Enrollment Form

Welcome! Thank you for your interest in the August Art Program! Please complete this form in its entirety and email it to us at pscartstudio@gmail.com.

Parent/ Guardian Information

Parent/ Guardian Name: _____ Phone: _____

Address: _____ Zipcode: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Young Artist Information

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade: _____

Authorized Pick-Up Persons: _____

Medical Conditions: _____ Allergies: _____

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

August 13th- PAINT

___ 3:30-4:30 (4-6 year olds) $30

___ 5:00-6:00 (7-12 year olds) $35

___ 6:15-7:15 (10-15 year olds) $35

August 20th- SCULPT

___ 3:30-4:30 (4-6 year olds) $30

___ 5:00-6:00 (7-12 year olds) $35

___ 6:15-7:15 (10-15 year olds) $35

August 27th- MIXED MEDIA

___ 3:30-4:30 (4-6 year olds) $30

___ 5:00-6:00 (7-12 year olds) $35

___ 6:15-7:15 (10-15 year olds) $35

August 11-PAINT (parent stays)

___ 10:30-11:30am (3-5 year olds) $25

August 18-SCULPT (parent stays)

___ 10:30-11:30am (3-5 year olds) $25

August 25-MIXED MEDIA (parent stays)

___10:30-11:30am (3-5 year olds) $25

Photo Permission

___ Yes, Paper.Scissors.Cake. may use photographs of my child and/ or their artwork for social media.

___No, I prefer that my child's image not be used, while their artwork alone is allowed.

Liability Release

I understand that participation in art activities involves use of paint, tools, and other art materials. I release Paper.Scissors.Cake Art Studio and its employees from liability for injuries resulting from normal participation in studio activities.

Payment Authorization

Cardholder Name: _____

Card Number: _____

Expiration: _____ Cvv: _____Billing Zipcode: _____

Our goal is to create classes where every artist can thrive!

Signature:_____ **Date:** _____