



Art Classes

REGISTRATION FORM

Full Name _____ Age of Student _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Information

Emergency Contact Name _____

Relationship _____ Phone Number _____

Class Details

Class Type: School Vacation Week Summer Work Shops Special Event

Class Days/Times: _____

How did you hear about us? _____

Health Information

- Does your child have any existing medical conditions or injuries? _____
- Does your child have any food allergies or anything else found in a studio or outside? _____

Payment Information

Payment Method: _____

Total Amount Paid: _____

Consent

In signing this registration form, parents accept the following statements:

*I understand that after this registration has been signed and the workshop has started, if the student fails to attend, withdraws, experiences incomplete attendance, refunds are not made.

*I authorize Karen Johnson to make, have, use, publish, and reproduce photographs, slides, videos of your child's artwork.

*I authorize Karen Johnson and members of her staff at Art Studio 109 to publish images of the artwork and my child on social media platforms such as Facebook, & Instagram. Unless otherwise specified. The first name and age range of the student may be published with the painting.

*I authorize Karen Johnson to include image of my child's artwork in promotional materials, website, and for publishing books, and reference materials

Signature

Date

Follow
us



facebook/artstudio109



Instagram/artstudio109