



## School Year 2023 Registration Form

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Class Requested:

Arts & Crafts Mon 3:15pm \_\_\_\_\_ Thu 3:15pm \_\_\_\_\_ Sat 10am \_\_\_\_\_ Sun 11am \_\_\_\_\_  
Sat 11:30am Drawing 1 \_\_\_\_\_ Sat 1:15pm Drawing 2 \_\_\_\_\_ Sat 2:30pm Graffiti \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Allergies to food or Art Supplies? \_\_\_\_\_ Please explain: \_\_\_\_\_

Other Information about the child: \_\_\_\_\_

Names of Persons Authorized to pick-up child

(Child will not be allowed to leave with any other person without written authorization)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Pick-up/Drop-off:** Please drop-off child promptly at the beginning of the scheduled class and sign the child in. At the end of the session, please pick-up on-time and sign the child out of the class.

**Photographs:** The Artful Attic is granted permission to use group photographs or images taken during the class for promotional purposes YES \_\_\_\_\_ NO \_\_\_\_\_

**Activities:** Art activities including paints, glues, pastels, chalk, pencils, pens, markers, yarn, fabrics, papers, wax, plastic bags, plaster, soaps and cleansers may be used within a class sessions. The Artful Attic takes all possible precautions to provide a safe, healthy and enjoyable setting. I warrant that my child is able to follow directions for these activities and I acknowledge the risk for participation in the class activities and that I allow my child to attend class knowing these risks and consequences, including personal injury.

**Waiver of Liability:** As the parent or guardian of the above child, I agree that I will not hold The Artful Attic or Business Alternatives, Inc. liable for any personal injury, property damage or loss of insurance. I agree to release and hold harmless The Artful Attic and Business Alternatives, Inc. from all liability incurred as a result of my child's participation in the art classes and that these terms serve as a release for myself, volunteers, property owners and members of my family.

Parent/Guardians Name (Print) \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_