

Summer Program **REGISTRATION FORM**

Art Course /day/time_____

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Student's Name _____ Gender _____ Male _____ Female _____

Date of Birth _____ School _____ Grade _____

Student's home address _____ City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone _____ Email address: _____

Parent/Guardian _____ Relationship to child _____

Employer and address _____ WorkPhone _____

Cell Phone _____ Email _____

Parent/Guardian _____ Relationship to child _____

Employer and address _____ WorkPhone _____

Cell Phone _____ Email _____

Authorized Emergency Contact Name 1 _____ Relationship _____

Address _____ Phone _____ Alternate phone _____

Authorized Emergency Contact Name 2 _____ Relationship _____

Address _____ Phone _____ Alternate phone _____

Other Family member information

relationship	name	Birthday

Allergies/Special Concerns: Does the student have any emotional, physical, medical or behavioral problems that might affect him/her during art classes? (If so, please explain.) _____

Photos: I authorize my child's art/crafts to be displayed in the gallery, and that it and the child can be photographed for promotion purposes. (If you object, please cross out this section). _____ Signature

POLICIES:

- class fee is paid at the time of registration. Students are registered at time of payment
- Each student must submit a completed registration form for each separate art class.
- Registration can be made in person, by mail or Email

If a session is cancelled due to insufficient registration, an alternative session will be offered if/when available, or a full refund will be issued. When classes are canceled due to inclement weather or other circumstances they will be rescheduled. No refunds will be granted when students leave class early.

Release Agreement for Parents of Children/Youth Artists:

I agree to the fullest extent to be responsible for any medical bills which may incur resulting from illness or injury during my child's participation in art classes. I also understand and agree that I am expected to carry my own accident and medical insurance. I release the instructor of the art classes from any and all liability and/or claims or damages arising out of personal injury of any kind.

Signature: (parent/guardian) _____ Date: _____ Print Name: _____



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