



# Young Artist Art Studio

Imagine Learn Create

## Registration Form

Child's Name: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

Program: \_\_\_\_\_ PrograTime: \_\_\_\_\_

Start Dates: \_\_\_\_\_ Fee: \_\_\_\_\_ Method of Payment \_\_\_\_\_

How did you hear about Young Artist Studio?  
\_\_\_\_\_

Are there any allergies or medical concerns regarding your child that we need to be aware of?  
\_\_\_\_\_

If yes please explain:  
\_\_\_\_\_

### Parental / Guardian Permission, Waiver and Release

#### FOR GOOD AND VALUABLE CONSIDERATION RECEIVED:

I/we give permission for Young Artist Art Studio or staffs of Young Artist Art Studio to take whatever step is reasonably necessary to obtain emergency medical care, if required. Any expenses incurred in carrying out these steps will be borne by the child's family.

I/we give permission for free use of my child's name, picture and likeness in pictures, video, publications and other promotional materials, connected with Young Artist Art Studio.

Your child WILL NOT be permitted to be picked up by anyone else, other than a parent, without written consent as well as telephone confirmation with Young Artist Art Studio.

Young Artist Art Studio is not responsible for anything that may happen as a result of false information given on this form. I/we the undersigned irrevocably agree and do hereby release Young Artist Art Studio, assigns and all associated person from liability and all claim for damages regarding any incident or injury sustained by my child in the studio.

I grant permission for my child to participate in these activities and will not make claim against, sue or attach the property of Young Artist Art Studio in any respect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Studio Policies

## Arrival Policy

Please arrive on time as important instruction happens at the beginning of class. To ensure the success of all students, if you arrive more than ten minutes late, you will be asked not to enter the class.

## Focused Classroom

We strive to create a quiet, focused environment for learning. In an effort to prevent distraction, parents and caregivers are asked to wait in the waiting room during class. Respectful behavior is expected from students at all times. Students, who prove to be a continual distraction to the class, after repeated attempts on the instructor's behalf to refocus them, may be dismissed from the class.

## Cancellation Policy

Academic Year For all classes, camps and workshops occurring during the school year, students may cancel at any time up to two weeks before the session begins and will receive a full refund, less a \$15 processing fee. No refunds or credits after that time unless we can fill your space.

## Tuition Policy

Tuition is due the 1<sup>st</sup> of the month after the 5<sup>th</sup> of each month a \$20.00 late fee will be apply.

There is a \$35.00 return check fee.

Tuition advertised is based on 4 classes per month or 12 classes per quarter.

Only 3 make up classes are allowed in the year, must be done with the month missed.

Monthly enrolled students must give written notice to withdraw by the 15th of the month, otherwise their space will be held ongoing and they will be liable for tuition. Automatic monthly tuition is charged on the 1st of each month.

## Pick-up policy

Please be on time to pick up your artist, our teachers need time to clean up and set up for the next class. There will be a \$15.00 late charge fee after 5 minutes ending their class.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Young Artist Art Studio

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Artist Name \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_

I Agree to pay \$ \_\_\_\_\_ per month to Young Artist Art studio for Art Lesson for my Child(s).  
If for any reason I need to cancel a 15 day in advance notice needs to be given, fail to do so I will be responsible to next month tuition.

Name of the card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_ CVS \_\_\_\_\_

Billing address \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date