



After School Enrichment Registration Form

Minimum for each class 8/ Maximum 16

A waiting list for each class will be made, if you are put onto a waiting list, we will contact you.

www.studio4art.net

****Please MAIL form or DROP OFF @ Studio 4 Art
1133 Grant Avenue, Novato CA, 94945
(2nd & Grant in Downtown)**

Make Checks out to Studio 4 Art.

Sessions sometime change in length. Please note costs below:

3 weeks \$49.50 / 4 weeks, \$66 / 5 weeks, \$82.50 / 8 weeks, \$132

Dates; Start date _____ Ends _____

Room/Location _____

Grade (please check one): k _____ 1-5 _____

Student's name: _____ School _____ GR. _____

Home Address: _____ Day Phone: _____

Emergency Name: _____ Cell Phone: _____

Where will your child go after class? aftercare picked up after class _____

Medical Insurance Co: _____ Insurance/Policy _____

Does your child have any special needs or conditions that the instructors or staff should be aware of?

Allergies:

Hay Fever _____ Asthma _____ Insect/Bee Stings _____ Penicillin _____ Nuts _____ Other _____

Waiver and Release of Liability

I hereby agree to indemnify and hold harmless Studio 4 Art, their employees, instructors and volunteers from and against any and all liabilities for any injury, which may be suffered by me or by my child arising out of or in any way connected with participation in the class/camp attended. In the case of an emergency, I hereby grant permission for my child to be treated by a qualified physician. I give permission to use my child's photo in Studio 4 Art's website, brochures or publicity.

I have read and understand the above

Print Name: _____ Relationship: _____ Email: _____

Parent/Legal Guardian Signature: _____ Date: _____

DO NOT GIVE TO OFFICE > MUST MAIL OR BRING TO STUDIO