



Neo Art School LLC Birthday Party Registration Form

Note: Please write legibly, especially emergency information. In an emergency, your child's safety is based on this information. Please be thorough. We need your email to confirm your registration; so please make it easy to read. If extra space is needed, please use the back of form.

Student Name: _____ Gender: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Guardian Name(s): _____ Home Phone: _____

Guardian Email address/es: _____

Guardian Work/Cell Phones: _____

Emergency Contact Name: _____ Work/Cell Phones: _____

Registering with a friend? Yes No; Name of friend(s) _____

Dietary Restrictions: _____ Grade for upcoming school year: _____

Medical Conditions & Allergies: _____

Date	Time	Location <i>If not @ Neo, please include address</i>
# of Participants <i>engaging in project</i>	Age range of participants <i>All children above 5 and above included in regular pricing**</i>	

Project Choice					
✓ Box	Arts & Crafts	✓ Box	Ceramics	✓ Box	Ceramics
	→ Drawing, Painting, Diorama Building, Paper Mache, etc.		→ Project + firing (paint @ home) → Premade project + painting		→ Project + glaze

Registration Fee +\$15.00

Prices & Fees

Arts & Crafts: \$280 for up to 10 participants

\$25 per additional participant

Ceramics: \$320 for up to 10 participants

\$30 per additional participant

Glaze requires 2 firings - \$15 extra per participant

At-Home party: \$260 for up to 10 participants

\$25 per additional participant

**\$20 additional per 4-year-old participant without a guardian present assisting

Total Fee Enclosed: _____

Please ensure all participants attending without a guardian present, have the attached Participant Form completed

Please return to:

Neo Art School 4649 Sunnyside Avenue North, Room 121, Seattle, Washington 98103

Only completed registrations submitted with a processing fee and tuition will be processed to secure a spot. Confirmations will be sent by email upon receipt of your registration & will serve as your receipt for tax purposes. Our Tax ID is: 81 - 4603751.

If you have questions regarding your registration, please contact us @ 206-632-2530 or email neoartschool@gmail.com



Neo Art School LLC Birthday Party Participant Form

Note: Please have all participants attending without a guardian present for the entire party, complete this form. You can have them completed in advance, or upon drop off at the birthday party.

Student Name: _____ Gender: _____ Age: _____ Birth Date: _____

Guardian Name(s): _____ Contact Number: _____

Emergency Contact Name: _____ Work/Cell Phones: _____

Photo Release: I give permission for my child to be photographed and/or videotaped in NeoArtSchool, LLC, activities. I understand and agree that all rights to these photographs and videos are reserved by and shall become the property of NeoArtSchool, LLC, and may be used by NeoArtSchool, LLC, for promotion and publicity by NeoArtSchool, LLC, including on the website, in print media, on television, or online. No children's names will be associated with photos.

_____ **Accept | Decline** _____ *(Initial One)*

Medical Release: I, _____ agree to allow my child, _____ to receive medical treatment, should the need arise. I also give my permission for my child to be transported to the nearest hospital in the event of medical emergency. As parent and/or guardian of the above-named child, I promise to hold NeoArtSchool, LLC, harmless from any liabilities it may incur from the above named minor in connection with participation in art classes except as might arise because of negligence on the part of NeoArtSchool, LLC. I understand and agree to abide by the Registration Policies established regarding attendance times, absences, refunds, credits for tuition and behavioral expectations. I will sign my child in/out on a daily basis.

Signature of Guardian

Relationship to Child

Date



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Relationship to Child

Date



Zero Tolerance Policy

Neo Art School is committed to maintaining a safe, respectful, and professional environment for all members of the school community. We operate a strict Zero Tolerance policy to ensure the wellbeing and safety of our staff, who have the right to work without fear of intimidation, aggression, or abuse.

We expect all parents, carers, and visitors to conduct themselves in a respectful and appropriate manner at all times.

Any form of aggressive, abusive, or threatening behaviour — including but not limited to physical assault (e.g., hitting, kicking, spitting), verbal abuse, or discriminatory remarks — will not be tolerated and may result in termination of contracts.

In the event of such behaviour, the School will:

- Remove the individual from the vicinity of children to a private area where appropriate
- Ensure the presence of a second staff member whenever possible
- Remain calm and professional while clearly communicating that such behaviour is unacceptable
- Contact law enforcement if the behaviour persists or escalates
- Document the incident in writing

Following any incident involving aggressive or threatening behaviour, parents will be notified in writing within three (3) days. The School reserves the right to withdraw a child's place where a parent's conduct compromises the safety or wellbeing of staff, children, or families.

Parent/Guardian Acknowledgment

I acknowledge that I have read and understood the Neo Art School Zero Tolerance Policy and agree to comply with its terms.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Child's Name: _____

Date: _____