



Neo Art School LLC Academic Year 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: _____

Characterize your child (required): _____

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 _____

Program Option	Week #	Date(s)	Time	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Registration Fee				+15.00

Total Fee Enclosed: _____

Please return to:

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

Only completed registrations submitted with the \$25 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