



# 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 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](mailto:neoartschool@gmail.com)



## 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.

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### 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: \_\_\_\_\_