



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

Prices & Fees

Arts & Crafts: \$220 for up to 10 participants
\$20 per additional participant

Ceramics: \$260 for up to 10 participants
\$25 per additional participant
Glaze requires 2 firings - \$15 extra per participant

At-Home party: \$260 for up to 10 participants
\$20 per additional participant

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

Registration Fee +10.00

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 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



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



Neo Art School LLC Birthday Party Registration 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