

# NeoArtSchool, LLC, Birthday Party Form

4649 Sunnyside Avenue North, Room 121, Good Shepherd Center, Seattle, Washington 98103  
 (206) 632-2530; <http://neoartschool.com> | neoartschool@gmail.com

## Birthday Party Form

Note: Please write legibly, especially emergency information. In an emergency, your child's safety is based on this information. Please be complete. We need your email to confirm your registration; so please make it easy to read.

Student Name: \_\_\_\_\_ Gender: \_\_\_ Age: \_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent\* Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Email address/es: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Parent Work/Cell Phones: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Work/Cell Phones: \_\_\_\_\_

Registering with a sibling/friend? \_\_\_ Yes \_\_\_ No; Name of sib/friend \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Medical Conditions & Allergies \_\_\_\_\_

Characterize your child (required): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Parent refers to parents and/or guardians.

**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 Parent/Guardian    Relationship to Child    Date

**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)

\_\_\_\_\_  
 Signature of Parent/Guardian    Relationship to Child    Date

<u>Project Choice</u>	<u>Date</u>	<u>Location</u>	<u># of Kid</u>	<u>Time</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____ # of 4 yo _____	_____
_____	_____	_____	_____	_____

\$40 additional per 4 year old child, or their parent must stay with them during the entire project. All children above 5 and above included in regular pricing

**Total** \_\_\_\_\_

Please return to Neo Art School, 4649 Sunnyside Avenue North, Room 121, Seattle, Washington 98103 or email to [NeoArtSchool@gmail.com](mailto:NeoArtSchool@gmail.com) with payment and date will be secured. Confirmations will be sent by email upon receipt of your registration. If you have paid but not received Receipt, you are gaurenteed a spot and have been

## NeoArtSchool, LLC, Birthday Party Form

4649 Sunnyside Avenue North, Room 121, Good Shepherd Center, Seattle, Washington 98103

(206) 632-2530; <http://neoartschool.com> | [neoartschool@gmail.com](mailto:neoartschool@gmail.com)

enrolled. However, if you paid, but did not send in a registration, you will not be enrolled. We need both registration and payment to enroll a student. For questions or to confirm enrollment, you can also call 206-632-2530 or email [neoartschool@gmail.com](mailto:neoartschool@gmail.com). **Tax ID: Our Tax ID is: 81 - 4603751.**