



# 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):**

**Characterize your child (required):**

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**Photo Release:** I give permission for my child to be photographed and/or videotaped in NeoArtSchool, LLC activities. I understand and agree that

**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.

**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.

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<b>Signature of Guardian</b>	<b>Relationship to Child</b>	<b>Date</b>
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## Relationship to Child

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**Date**

**Program Option**      **Week #**      **Date(s)**      **Time**      **Fee**

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**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)