NeoArtSchool, LLC, 2023-2024 School Year Registration

2023-2024 School Year Registration 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 friend? ____ Yes ____ No; Name of friend _____
Dietary Restrictions: _____ Grade & School _____
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

Program Option	Week #	Date	Time	Fee
			Registration Fee	**+10.00**
			Total Fee Enclosed	

Please return to Neo Art School, 4649 Sunnyside Avenue North, Room 121, Seattle, Washington 98103. Only completed and signed registrations with the $10 processing fee and tuition will be processed to secure a spot. Confirmations will be sent by email upon receipt of your registration. If you'd like us to contact you to answer any questions about camp or your registration you can call 206-632-2530 or email neoartschool@gmail.com Our Tax ID is: 81-4603751