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:														
Address:						·								
Parent* Names:				_	Hom	e Ph	one:	:	_	_	_	$\overline{}$	$\overline{}$	5
Parent Email address/es:								Ш	Ш	L	Ш	Ш		╛
Parent Work/Cell Phones:														
Emergency Contact Name:														
Registering with a sibling/fri														
Dietary Restrictions:														
Medical Conditions & Allergie														
Characterize your child (requ	ııred):												-	
*Parent refers to parents and/or g	uardians.													
Medical Release: I,		agree to allo	w my child							t	o re	ceive	med	dical
of medical emergency. As parent a from any liabilities it may incur from arise because of negligence on the established regarding attendance to in/out on a daily basis.	om the above i part of NeoA	named minor in rtSchool, LLC.	connection I understar	with nd an	n part nd agr	icipa ee to	tion abid	in art de by	t clas	sse Re	s exe	cept ratior	as mi 1 Poli	ight cies
Signature of Parent/Guardian		Relationship	to Child				Date	2						
Photo Release: I give permission for understand and agree that all right. NeoArtSchool, LLC, and may be use the website, in print media, on telev Accept Decline (Initial content of the con	s to these pho d by NeoArtS vision, or online	tographs and vichool, LLC, for	ideos are re promotion (eserv and p	ved by public	and at	shall y Ned	l becc oArts	ome [.] Scho	the	prop	perty	of	n
Signature of Parent/Guardian		Relationship	to Child			_	Date	2			-			
Project Choice_	<u>Date</u>	Loca	ntion 				Tim	<u>e</u>				<u># o</u> —	f Ki	<u>ds</u>
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Please return to Neo Art School, 4649 Sunnyside Avenue North, Room 121, Seattle, Washington 98103 or email to 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 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-

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2530 or email neoartschool@Gmail.com. Tax ID: Our Tax ID is: 81 - 4603751.