

# Summer Program **REGISTRATION FORM**

<b>W</b>	<input type="checkbox"/>	<b>A</b>	Mon <input type="checkbox"/>	<b>J</b>	Mon <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>P</b>	
	week 1-10		Tue <input type="checkbox"/>		Tue <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pick-up & Drop-Off	
		Art Camp 1-40	Wed <input type="checkbox"/>		Wed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			Thurs <input type="checkbox"/>		Thurs <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			Fri <input type="checkbox"/>		Fri <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					Lunch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					Mon <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					Tue <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					Wed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					Thurs <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					Fri <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Student's Name \_\_\_\_\_ Gender Male / Female Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_ CellPhone \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Special Concerns: Does the student have any emotional, physical, medical or behavioral problems that might affect him/her during art classes? (If so, please explain.) \_\_\_\_\_

Photos: I authorize my child's art/crafts to be displayed in the gallery, and that it and the child can be photographed for promotion purposes. (If you object, please cross out this section). \_\_\_\_\_ Signature \_\_\_\_\_

**POLICIES:**

- class fee is paid at the time of registration. Students are registered at time of payment
- Each student must submit a completed registration form for each separate art class.
- Registration can be made in person, by mail or Email

If a session is cancelled due to insufficient registration, an alternative session will be offered if/when available, or a full refund will be issued. When classes are canceled due to inclement weather or other circumstances they will be rescheduled. No refunds will be granted when students leave class early.

**Release Agreement for Parents of Children/Youth Artists:**

I agree to the fullest extent to be responsible for any medical bills which may incur resulting from illness or injury during my child's participation in art classes. I also understand and agree that I am expected to carry my own accident and medical insurance. I release the instructor of the art classes from any and all liability and/or claims or damages arising out of personal injury of any kind.

Signature: (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_



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