

The Creative Arts Studio

256 Sea Cliff Ave. Sea Cliff, NY 11579 / (516) 671-1000 / www.seacliffcreative.com

REGISTRATION FORM

Child or Youth's Name: _____
Age: _____ Grade: _____ School: _____ Teacher: _____
Address: _____
Parents' Names: _____
Home Phone: _____ Cell Phone: _____
Parents' Work Phone: _____
E-mail (For CAS newsletter & calendar info): _____

Emergency Contacts or Beeper #'s: (one contact person must be reachable during art class):
Name: _____ Phone: _____
Name: _____ Phone: _____

PICK-UP information

My child may be picked up from the Art Studio by the following person(s). **Please list names of any adults authorized to pick up your child**, or possible car-pool arrangements. Please send a written note of authorization when there are changes to this list:

Name: _____ Phone: _____
Name: _____ Phone: _____

Fall '09 Registration:

After-School Kids Art Studio (5-12): ___ Tuesday or ___ Thursday 3:30-5:00pm or Other: _____
5 session Drop-in Card- \$150 use by Nov. 24th
10 week class- \$220- includes 10% discount, plus 2 **Bring-a-Friend-for-FREE credits**
(attend weekly class- one make-up switch to alternate day permitted during session).
Kinder Art Express (K): ___ Wed 3:15-4:30pm ___ 10 week class- \$220 (Start Date TBA)
Little Creators(2's & 3's): ___ Tuesdays 9:30-10:30am or ___ Thursdays 9:30-10:30am -12 weeks \$324
Art Wonders- (3 1/2 - 4 1/2): ___ Mondays 1:00-2:00 or ___ Fridays 1:00-2:00 -10 weeks \$270
Theater Games: (5 - 7) ___ Mondays: 4:00 - 5:00- 12 weeks - \$240
Acting Workshop:(8 - 12) ___ Mondays: 5:00 - 6:30-12 weeks- \$285
Musical Theater Workshop: ___ Teens-Sun.- 3:00-4:45pm- 8 wks- \$240 / ___ Adults- Sun.- 1:00-2:45- 8 wks- \$240

After first child is registered, deduct 5% off class fees for sibling discount:

Sibling1.Registration: Child's Name: _____ Age: _____ Grade: _____ School: _____
Developmental or Medical Concerns/Allergies: _____
Class: _____ Day: _____ Time: _____ #sessions or #weeks/ Fee: _____
Sibling2. Registration: Child's Name: _____ Age: _____ Grade: _____ School: _____
Developmental or Medical Concerns/Allergies: _____
Class: _____ Day: _____ Time: _____ #sessions or #weeks/ Fee: _____
Sibling3. Registration: Child's Name: _____ Age: _____ Grade: _____ School: _____
Developmental or Medical Concerns/Allergies: _____
Class: _____ Day: _____ Time: _____ #sessions or #weeks/ Fee: _____

Total Payment Amount: _____ **Check #** _____ **Cash:** _____ **Date Paid:** _____

Release Statement:

As the legal parent or guardian, I release and hold harmless The Creative Arts Studio, LLC, and its owner Tracy Arnold Warzer, and employees from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of The Creative Arts Studio, LLC, and its owner Tracy Arnold Warzer, and employees, in route to or from any of said premises. The Creative Arts Studio, LLC reserves the right to photograph and videotape programs and participants, and their art work, for training, advertising (in print or for inclusion on Creative Arts Studio website), or any other lawful business or educational purpose.

In addition, the undersigned gives permission to The Creative Arts Studio, LLC, its owner and employees to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

Parent Signature: _____ Print Name: _____

Child(ren's) Name(s): _____

Physical/mental, medical or other conditions or restrictions: _____

Please use reverse side of form to further describe any developmental concerns, medical issues or allergies.
