

Neo Art School Summer Art Camp 2010

4649 Sunnyside Avenue North, Room 121, Good Shepherd Center, Seattle, Washington 98103
 (206) 632-2530; <http://neoartschool.com> | neoartschool@comcast.net

Summer 2010 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 sibling/friend? ___ Yes ___ No; Name of sib/friend _____
 Dietary Restrictions: _____ Grade/School in Fall 2010 _____
 Medical Conditions: _____
 Allergies: _____
 Characterize your child: _____

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 Neo Art School 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 Neo Art School. 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
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Photo Release: I give permission for my child to be photographed and/or videotaped in Neo Art School activities. I understand and agree that all rights to these photographs and videos are reserved by and shall become the property of Neo Art School and may be used by Neo Art School for promotion and publicity by Neo Art School, 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
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<u>Program Option</u>	<u>Week #</u>	<u>Date</u>	<u>Time</u>	<u>Fee</u>
<i>Example: Afternoon Art Only</i>	<i>2</i>	<i>June 22-26</i>	<i>1 pm - 4 pm</i>	<i>\$150.00</i>
Registration Fee				+25.00
Total Fee Enclosed				_____

Please return to Neo Art School, 4649 Sunnyside Avenue North, Room 121, Seattle, Washington 98103. Only completed and signed registrations that are mailed with the \$25 processing fee and tuition will be processed to secure a spot. Confirmations will be sent by email approx. 2 weeks after receipt of your registration. If you'd like us to contact you to answer any questions about camp or your registration, please indicate so on the registration form. You can also call 206-632-2530 or email neoartschool@comcast.net.

SEATTLE'S OLDEST AWARD-WINNING CHILDREN'S ART SCHOOL SINCE 1982!