ART Class Kids & Adults	KJ Art Studio 281-904-1913 kjaink65@gmail.com

Art Class Registration Form

Student Information:

Name: _____

Parent/Guardian Name: (If student is a teen or child) _____

Address:

_____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____Cell phone: _____

Email: _____

Emergency Contact Information:

Name: _____Relationship:_____

Phone: _____ Cell Phone: _____

Please explain any medical problems, allergies, etc. that we should be aware of:

Class Information: Check one

Class I (5-8yrs): _____ ($90.00) Class II (8+yrs): _____($100.00)

Start Date: _____ Adult _____ Teen _____ Child_____

How did you hear about the class? _____

Payment: **Onetime Nonrefundable Registration Fee: $25.00**

Cost of Class: _____

Cash_____ Check # _____

Note:* *Payment Due on the first week of every month, either by check or Zelle

Checks made payable to – Kalpana Jain

Zelle payment to – (281)904-1913

Waiver: In case of an accident requiring medical treatment, I authorize to receive such treatment, as the attending personnel deem appropriate. I also agree not to hold KJ Art Studio or persons acting on its behalf, responsible for injuries suffered by myself during activities in Art Class by KJ Art Studio. In consideration of KJ Art Studio acceptance of my enrollment, I hereby waive and release any or all rights and claims to damage against KJ Art Studio. I understand that the non-refundable registration fee & Art class fee is due in full with the completed application. I understand that the KJ Art Studio administrators have the right to dismiss any student for any serious misbehavior and that I will not be entitled to a refund of Art class fee. By signing this form, I acknowledge that I have read and understand the above policies. This agreement is a legally binding instrument when signed by the registrant.

Signature: _____Print Name: _____ Date: _____

Note: must be signed by parent or guardian if student is under 18