



Summer 2024 Registration Form

Student Name	Age	Birth Date
School Attending	Grade (upcoming)	Parent/Guardian Name
Home Address	Home Phone	Cell / Work
City / ZIP	Email Address	

EMERGENCY CONTACT INFORMATION

Emergency Contact	Phone	Secondary Phone
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PLEASE LIST ANY ALLERGIES/MEDICATIONS/RESTRICTIONS BELOW:

ENROLLMENT INFORMATION

*non-refundable \$50 registration fee (waived for current students)

** A \$40 discount will be given for early registration by **April 15th**

Course Name	Dates	Time	Tuition	Mat. Fee	Reg. Fee	Subtotal
1.						
2.						
3.						
Please make all checks payable to Rainbow Art Studio.						TOTAL:

How did you hear about us?

Website Yelp Google Friends Walk By Other: _____

I, the undersigned parent or legal guardian of _____ (said minor), give permission for him/her to attend Rainbow Art Studio, supervised by authorized Rainbow Art Studio staff. I further agree to release Rainbow Art Studio and its employees from and against any liability for any injury or loss of possessions, which may rise out of the aforementioned individual's connection to his/her participation in activity.

I further authorize the Rainbow Art Studio staff to use its discretion to secure medical aid if and when necessary. Rainbow Art Studio will not be held responsible for payments incurred due to medical care for injuries. I also agree to grant permission to Rainbow Art Studio to use the participant's name, photographs, videos or any recording for any publicity and promotion purposes without obligation or liability to me or to the participant. I verify that all of the above information is true and accurate. I have read and fully understand the Terms and Conditions of Rainbow Art Studio, and I also fully understand that by signing below, I agree to all terms and conditions stated herein.

Signature of Parent / Guardian Date