

ENROLLMENT FORM 2016 DATE CK#/CASH AMOUNT SESSION



1375 Blossom Hill Road Suite 17
San Jose, CA 95118
1(408) 510-8046

Please CALL or SIGN UP TODAY to enroll yourself and/or your child. Complete and submit this form on the first day of class with a check made out to: Hidden Talent Art Studios LLC

Class Description: _____ Class time: _____ Day of week: _____

Student's Name: _____ Age: _____

Parent's Names: _____

Email: _____

Best Contact #'s: Mom: _____ Dad: _____

Student will be dropped off by: _____ and picked up by: _____

List any other individuals allowed to pick student up from class: _____

Art is messy! Please have your child wear appropriate attire.

You are encouraged to bring an apron to class.

We are not responsible for stains caused by art materials.

As the parent or authorized representative, I hereby give consent to have my child and/or myself attend Hidden Talent Art Studios LLC. I will not hold Hidden Talent Art Studios LLC owners or their employees liable of any accidents, physical or other injury from any and all claims, demands, costs, expenses, and compensation. In case of an emergency, I give permission to Hidden Talent Art Studios LLC to obtain medical and/or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), or dentist (D.D.S.) for my child. This care may be given under whatever conditions necessary to preserve the life, limb or well being of my child. By signing this form, I agree to these terms freely and voluntarily without inducement for myself and on behalf of my child.

Parent Name: (please print) _____

Signature: _____ I give Hidden Talent Art Studio, LLC permission to take photos of my child's artwork that may be used in our fliers, advertising, website and publications. HTAS will only use child's first name and age. _____

Parent/Guardian signature

I give Hidden Talent Art Studio, LLC permission to take photos of my child creating art that may be used in our fliers, advertising, website and publications. HTAS will only use child's first name and age. _____

Parent/Guardian Signature

Absent credits must be used during current or following session

Parent/Guardian Signature

HOW DID YOU HEAR ABOUT US? FAMILY/FRIEND FACEBOOK INTERNET WALKING BY OTHER, PLEASE LIST: _____ Date: _____

List any Allergies/Medical Conditions/Medication allergies we should be aware of: _____