



**ART CLASS
REGISTRATION FORM -
KIDS**

Art Course

/instructor/day_____

Student's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

I have received the class supply list (student responsibility to acquire items) _____ (initials)

Tuition Amount \$ _____ **Amount paid:**

How did you learn about art classes at Gloucester Arts on Main?

Applicable to child/youth only:

Age _____ Grade _____ Girl _____ Boy _____

Parent/Guardian: _____

Parent/Guardian: Emergency Tel: _____

Emergency Contact: Relation, Tel: _____

Allergies/Special Concerns: Does the student have any emotional, physical, medical or behavioral problems that might affect him/her during art classes? (If so, please explain.)

Photos: I authorize my child's art/crafts to be displayed in the gallery, and that it and the child can be photographed for promotion purposes. (If you object, please cross out this section).

Signature

POLICIES:

- Registration fee is paid at the time of registration. Students are registered at time of payment
- Last day to register – five days prior to class. No refunds after that date.
- Each student must submit a completed registration form for each separate art class.
- Registration can be made in person at Gloucester Arts on Main or by mail to:

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Course Cancellation:

If a session is cancelled due to insufficient registration, an alternative session will be offered if/when available, or a full refund will be issued. When classes are canceled due to inclement weather or other circumstances they will be rescheduled. No refunds will be granted when students leave class early.

Release Agreement for Parents of Children/Youth Artists:

I agree to the fullest extent to be responsible for any medical bills which may incur resulting from illness or injury during my child's participation in art classes. I also understand and agree that I am expected to carry my own accident and medical insurance. I release the instructor of the art classes from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, I authorize the art instructor of art classes to administer first aid and/or authorize medical treatment for me or my child.

I also hereby authorize a representative from Gloucester Arts on Main to photograph me or my child, and my or my child's artwork for the purpose of promoting the class, exhibit or artistic event. These photographs may be used to illustrate newspaper or email articles, promotional literature, retrospective or promotional campaigns by and about Gloucester Arts on Main in the media. (If not, please cross off this paragraph).

Signature: (parent/guardian) _____ Date: _____

Print Parent/Guardian Name:

ARTS ON MAIN
6580 Main Street,
Gloucester VA 23061

Phone: 804-824-9464

FAX: 804-824-9469

Email: gallerymanager@gloucesterarts.org

Website: www.gloucesterarts.org