



Student Registration

Student Name: _____ DOB: _____ M F

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian

Parent Name: _____ Cell Phone #: _____

Email: _____ Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Emergency Information (Required for Registration)

Emergency Contact Person: _____ Relation to Student _____

Emergency Phone #(s): _____

Name of Student's Physician: _____ Phone: _____

Physician Address: _____

Special Needs - So that we may best serve you, please describe any special needs of which we should be aware (i.e. hearing, visual, physical, or learning disabilities). _____

Please list allergies or other health issues that staff should be aware of: _____

Emergency Medical Authorization - In the event of injury or illness that is life threatening or in need of emergency treatment and if I/we cannot be reached, I undersigned parent/guardian authorize a representative of Octopus Art Studio to summon any and all professional emergency personnel to attend, transport, and treat the above named minor student and issue consent for any x-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state of California. I will be responsible for payment of all services provided to my child under this Authorization. This consent for treatment is in effect only during the actual class hours and dates that the above named child is participating in the Octopus Art Studio.

Publicity Waiver - I hereby consent to the use of photographs depicting my child and my child's art work for publicity and information purposes

Parent/Guardian Signature _____

Date: _____

Class Registration

How did you learn about the classes? _____

Class	Fee	Cost
1.		
2.		
3.		

Payment total: _____

Discount: (select one; discounts are not combinable)

- I am taking more than one class per session. My sibling is a registered student.

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Payment:

Cash Visa MasterCard Check # _____

Card number: _____ Expiration Date: _____

Name on card: _____

Signature: _____ Date: _____

Registration and Cancellation Policies

- Full payment must be received with registration.
- Refunds of class fees, less \$25, will be made if you withdraw at least one week before the first class meeting. After that time, no refunds will be made.
- We cannot prorate class fees for students not attending all class meetings. Make up classes must be arranged with instructor and be made up within one week.

Please read this contract together with your child. After both you and your child have signed the contract, submit it with the completed registration.

ART CLASS BEHAVIOR CONTRACT

I agree to abide by the rules laid out by Octopus Art School, staff, and volunteers. I will be expected to:

Respect Myself: I will not engage in activities that could potentially hurt myself, such as running or rough housing. I will come to class ready to learn and have fun, so I can be sure that I am actively engaged in making class a good experience for me.

Respect Others: I will follow the instructions of the teacher. When others are talking, I will be quiet and practice good listening skills. I will be courteous to everyone and not do anything that could hurt someone else's feelings or person.

Respect the Materials: I will be careful with all art supplies and equipment and not do anything that wastes or damages them. I will share supplies with other classmates when I am asked to.

If I do not follow the rules, these will be the consequences: **First time:** Verbal Warning. **Second time:** discussion with art teacher. **Third time:** Call to parents. **Fourth time:** Expulsion from art class.

Any student who engages in inappropriate behavior towards another person during art class will be immediately expelled.

I agree to the above terms for my behavior during my art class experience at Octopus Art School.

Student's signature: _____ Date: _____

I, the guardian of the above student, agree that I have read this contract and agree to the terms set out in this contract.

Parent/Guardian Signature: _____ Date: _____

