

Please complete all information.

Parents' Names _____

Address w/ zip _____

E-mail Address _____

Phone Numbers (H) _____ (Cell) _____

Work Numbers _____

Caregiver's Name(s) _____ Caregiver's Cell _____

Please list children's names **(in class)** _____ **Birthdate** _____

(siblings) _____

In Emergency Contact _____ () _____

Doctor _____ Address _____

Phone () _____ Allergies _____ (including foods)

Who is authorized to pick up your child? _____

Which programs or schools have your children attended? _____

I was referred to you by _____.

I do, hereby, forever release and discharge Claire's Creative Adventures from any and all claims and demands of any kind for injury which my child and/ or accompanying guardian may suffer or sustain directly or indirectly as a result of participation in Claire's Creative Adventures programs either at All Souls Church or at any other private locations.

Your signature _____ **Date** _____

I am enrolling: _____ in the _____ class from _____ am/ pm.
(child's name) (day) (time)

Enclosed is a check for \$_____.

Each semester runs 16 weeks. Spring 2009: Feb. 3 – June 4th.

Payment policy for all classes:

- Checks are payable to Claire's Creative Adventures.
- Your child is not registered until your registration form and payment are received.
- You will receive e-confirmation when your payment is received.
- You will receive a separate e-mail outlining your program details.
- No refunds are available.

Tuition includes a \$50 registration fee:

			Semester
Art Adventures	2-3's	(45 min.)	\$1090
Art Adventures	3-7's	(1 hour)	\$1200
Art Adventures	7-11's	(1 hour 30 min.)	\$1380
Rendezvous	3-5's	(1 hour 30 min.)	\$1380