Registration for Art Classes with Sandy Reid

Student First Name Student Last Name C Please select the classes you are registe		
Full SemesterPrivate Teen Weekly Art ClassTeen 6-W		
WorkshopSpring Break Camp	eek Course	
Summer CampSummer Works		and a dealers
Please specify the name and/or date of the	ne course(s) or worksnop(s) cr	necked above:
Have you pre-paid for your child's classe		
Do you use charter school funds? Parent(s)/Guardian(s)	Name of charter school	
Name(s)		
Street		
Address	Ctata	7in
City	State	Ζιρ
Home Phone	Cell Phone(s)	
Email	-	
Emergency Contact and		
PhoneAdditional person(s) authorized to pick up	n ahove	
child	above	
Allergies Y/N (if yes, please explain)		
I/We understand that photos and videos and	may be taken of my/our child/r	en at Sandy's Art Studio
on any field trips or outings to be posted studio's website/social media and used ir permission for photos and videos of my of I/We, as the parents/guardians of the abordild to attend art/handwork lessons from Grulla, San Clemente, CA and/or on locat behalf of myself/ourselves, our invitees a Sandy Reid from all liability for any and a on account of injury to myself/ourselves, myself/ourselves, our invitees and/or the art/handwork instruction at 125 Avenida of location. Please sign and date below.	n other official studio materials hild/ren to be used in this way ove-named Student do hereby Sandy Reid at her studio location at other agreed upon located of the Student, hereby released to the Student, hereby released in the Student our invitees and/or the Student Student which may arise out of	. I hereby give myYesNo give permission for our ated at 125 Avenida de la ion. I/We for and on ase, waive and discharge im or demands therefore t, or property of of or be related to any
Parent/Guardian Date Parent/Guardian D	Date	