



Fall/Winter Registration Form / 2011-12

Students may register by mailing this 2-page registration form or by walk-in registration on Tuesday-Thursday, Aug. 30-Sept. 1, 2011 4-7pm at CAS I / 310 Atlantic Avenue

Registration Fee: \$25 / per year
Students must register before attending classes

Student Name(s):
Students Birthdate:
Parent/Guardian(s) Name: Parent/Guardian(s) Phone:
Email address:
Address: Street, City, State, Zip:

----Please write which classes you would like your child to attend:

Boerum Hill Location (310 Atlantic Ave.)

Class: Day: Time:
Class: Day: Time:
Class: Day: Time:
Class: Day: Time:

PS 261 Walkover fee / \$60 (12 week session)

Carroll Gardens Location (119 Union St.)

Class: Day: Time:
Class: Day: Time:
Class: Day: Time:
Class: Day: Time:

Total Class Fee: + \$25 / registration Fee =Total Amount \$

Emergency Contact: Relationship:

Home Phone: Work:

Doctor / Pediatrician:

Pediatrician's Phone:

Pediatrician's Address:

Does your child have any allergies: If so, Please

List:

How did you hear about Creative Arts Studio?

Please make checks payable to Creative Arts Studio.

Print this form and send to Creative Arts Studio at 310 Atlantic Ave. Brooklyn, NY 11201



RELEASE AND WAIVER

The undersigned hereby waives and releases Sherri Hellman and the Creative Arts Studio from all claims as to any and all injuries that may incur or sustain at the Creative Arts Studio.

Student's Name: _____

Parent's Name: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

_____, I, hereby grant permission to the Creative Arts Studio to take and use photographs / videotapes of my child for the use of promotional materials for the studio.

_____, I, hereby do not grant permission to the Creative Arts Studio to take and use photographs / videotapes of my child for the use of promotional materials for the studio.

Signature: _____

Date: _____
