

# PLAY@ART!

## Parents Night-Off 2022/23 | Registration Form



**Date(s):** (circle all that apply) Oct. 7 | Nov. 4 | Dec. 2 | Jan. 6 | Feb. 3 | Mar. 3 | Apr. 7 | May. 5

**ages:** 3.5 - 10 yrs | 6 - 8 pm | \$40 / \$30 siblings

**date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child, name:** \_\_\_\_\_ **age:** \_\_\_\_\_ **dob:** \_\_/\_\_/\_\_ **boy / girl**

**Sibling, name:** \_\_\_\_\_ **age:** \_\_\_\_\_ **dob:** \_\_/\_\_/\_\_ **boy / girl**

**Sibling, name:** \_\_\_\_\_ **age:** \_\_\_\_\_ **dob:** \_\_/\_\_/\_\_ **boy / girl**

**Parent / Guardian, name:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**Parent / Guardian, name:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**email:** \_\_\_\_\_

I do /  do not / give permission for photos to be taken, and possibly used for marketing purposes for P@A! for print or social media. (Children's names are never included).

My child has the following allergy which may be life-threatening: \_\_\_\_\_

I am including an EpiPen and give permission for it to be administered in case of emergency.

I do /  I do not / Give permission for photos to be taken during class activities, and to possibly be used for marketing purposes for P@A! for print or social media. Children's names are never included.

**Total Children Registered:** \_\_\_\_\_ **Combined Total Evenings:** \_\_\_\_\_ **Total:** \_\_\_\_\_

### Credit Card Information

Please return completed registration information with credit card payment information (below) to insure your child's placement in class. **No personal information is shared by P@A with any 3rd parties.** Payments will be processed at the start of each new session.

**CC Number:** \_\_\_\_\_ **Exp.:** \_\_/\_\_/\_\_ **CVC.:** \_\_\_\_\_ **zip code.:** \_\_\_\_\_