PLAY@ART!

After School Artists 2026/27 | Registration Form

5–10 yrs | 1 class p/week | Tuesday to Friday | 3:30 – 5 pm

Date: _____ **weekday choice (circle one):** Tu W Th F

Child (name): _____

age: _____ **birthday:** _____

Sibling 1 (name): _____

age: _____ **birthday:** _____

Sibling 2 (name): _____

age: _____ **birthday:** _____

Are there medical diagnosis, allergies, or special needs that we should be made aware of? _____

_____

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 my child to be photographed during class activities, and possibly used for marketing purposes exclusively for P@A print or social media. (Children's names are never included).**

Parent/Guardian, name: _____

phone: _____ **email:** _____

home address: _____

_____

PRICING

3 wk session: $156	**$133 sibling** (15% off)	**9 wk session: $421** (10% off)	**$358 sibling** (15% off)
6 wk session: $296 (5% off)	**$252 sibling** (15% off)	**12 wk session: $530** (15% off)	**$530 sibling**

Students: ____ **Weeks:** ____ **Start date:** _____ **Payment date:** _____ **Total: $**_____

Students: _____ **Weeks:** _____ **Re-enroll:** _____ **Payment date:** _____ **Total:** _____

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(for studio to fill-in)

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. If paying by check, checks should be made payable to Little Bean Studio.

CC Number: _____ **Exp.:** ___ /___ **CVC.:** _____ **zip code.:** _____