PLAY@ART!

EdStart 2026/27 | Registration Form

Fridays 9:30am-12pm

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: _____

_____

Adult Responsible for pick-up(if other than parent)_____

phone:_____

9:30AM-12PM / 3-5 YRS.

ART-N-EAT 12- 12:30PM (OPTIONAL) **/ $18** DAILY

O Session 1 / Sept. 18 - Dec. 18 (no class Nov. 6 & 27) / 12 classes / $768 / sib. $690 **$_____**

Session 1 Art-n-Eat / $194

O Session 2 / Jan. 8 - Mar. 19 / 11 classes/ $768 / sib. $690 **$_____**

Session 2 Art-n-Eat / $194

O Session 3 / Apr. 9- May 21 / 7 classes / $384 / sib. $345 **$ _____**

Session 3 Art-n-Eat / $97

TOTAL STUDENTS: _____ **TOTAL:** _____

DEPOSIT ($250 PER CHILD)**:** _____

BALANCE: _____

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.: _____