

PLAY@ART!

After School Artists 2024/25 | 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: **\$144** | \$122 sibling (15% off) | 9 wk session: **\$388** (10% off) | \$367 sibling

6 wk session: **\$274** (5% off) | \$244 sibling | 12 wk session: **\$490** (15% off) | \$490 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.: _____