

PLAY@ART!

After School Artists 2025/26 | 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.: _____