



**341 Beech St., Unit 1, Pottstown, PA 19464**  
**610-326-2506 \* www.artfusion19464.org**

## Child/Teen Class Registration

**Name:**

**Today's Date:**

**Notes:**

**To Register:** You may register in person, on our website or over the phone. Full tuition must be paid at the time of registration. Make checks payable to: ArtFusion 19464. There is a \$15 charge on returned checks. To secure placement in class, we recommend registering early.

**Class Cancellation:** We will notify all registered students in the event of cancellation by ArtFusion 19464 and full refunds will be returned.

**Refunds & Pro-Rating:** A \$15 processing fee will be charged on all refunds (unless class was cancelled by ArtFusion 19464), for students who cancel up to one week prior to class. Up through the second week of class: 75% tuition less the \$15 processing fee will be refunded. No refunds for one or two day workshops will be issued if student cancels. Membership fees are non-refundable. We do not pro-rate any class due to late registration or missed classes. Extreme circumstances can be made in writing and forwarded to the director.

**General Information:** ArtFusion 19464 is a non-profit art school. We reserve the right to cancel classes due to low enrollment. All students will be notified by phone and email. Class supplies are included unless otherwise stated. We offer scholarships and reduced tuition to those who demonstrate financial need.

<b>Class attending:</b>		<b>Session:</b>	
Student Name:			Age:
Parent/Legal Guardian Name:			
Address:			
City:	State:	Zip:	
Home Phone:	School District:		
Student Cell Phone:	Student Email:		
Parent Cell Phone:	Parent Email:		
Is the student allowed to walk home alone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the student qualify for free or reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please circle any item we need to be aware of. (This information will be kept confidential and is important for us to know.)			
Allergies	Medication Needed	Behavior	Medical issues
Other			
Please Explain:			
In the event of an emergency we will first contact the parent's cell. In the event we can't contact anyone at the above number, please let us know whom we can contact.			
Name:	Relation:	Phone:	
Name:	Relation:	Phone:	
Primary Physician:	Phone:		
<i>ArtFusion reserves the right to take pictures of students and/or students' work for promotional materials. If you would NOT like us to do this, please attach a signed note to this form saying we cannot take pictures of your child.</i>			
How did you hear about ArtFusion? <input type="checkbox"/> Online search <input type="checkbox"/> Friend <input type="checkbox"/> Walking by <input type="checkbox"/> Other			
How would you prefer we keep you updated about events and classes?			
If you were referred to us, whom can we thank?			
Would you consider volunteering for our non-profit art center?			
In what capacity could you best assist?			
Additional Comments:			
Student signature:			Date:
Parent signature :			Date:



341 Beech St., Unit 1, Pottstown, PA 19464  
610-326-2506 \* www.artfusion19464.org

### Child/Teen Class Registration

Name:

Today's Date:

Notes:

### CONSENT & RELEASE

I, \_\_\_\_\_ (name of legal guardian) on my own behalf and on behalf of my son/daughter/minor child, \_\_\_\_\_ (name of child - hereinafter referred to as "Student"), hereby allow such Student for whom I am the legal guardian, to participate at ArtFusion 19464 Art Class (hereinafter referred to as "Art Class") sessions. In consideration of ArtFusion 19464 making this opportunity available to the Student, I hereby agree to release, indemnify and hold harmless ArtFusion 19464 (and their officers, employees, agents, volunteers, and Board Members), from and against any and all claims, demands, liabilities, losses or expenses, including attorney fees, and including injury to Student or other party, associated with Student's participation in Art Class (including but not limited to those arising in connection with field trips, and any transportation to and from such field trips, the use of the School's equipment or facilities, and those arising from any act or omission of third party due to student's own conduct). I further agree that is any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will appropriate authority to be invalid, and the remainder of the agreement nevertheless will remain in full force and effect. I further acknowledge that I have read and understand this Consent and Release, and voluntarily agree to be legally bound by its terms.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Age

#### Medical Waiver

I hereby grant ArtFusion 19464 (and their officers, employees, agents, volunteers, and Board Members), permission, at their discretion, to seek and authorize emergency medical treatment for my child and I hereby agree to assume all medical costs incurred. I have attached any additional medical information, that ArtFusion 19464 need by aware of, about my child to this form.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Age