

Georgetown School of the ARTS

25 Old Mill Rd., W. Redding (Georgetown), CT 06896

203-544-8551

email: info@georgetownarts.com

www.georgetownarts.com

Sign-Up!

Please fill out the form below and send with full tuition to the address above.

CLASS REGISTRATION

CLASS TITLE

STUDENT NAME 1

AGE

LOCATION

SESSION (SEASON)

DAY

TIME

STUDENT NAME 2

AGE

LOCATION

SESSION (SEASON)

DAY

TIME

Do we have your permission to use students photo (no name used) for Georgetown School of the Arts mailing list and post card advertising.

CONTACT INFORMATION - This information must be provided to attend class.

ADDRESS

CITY

STATE

ZIP

PARENTS/GUARDIANS NAMES (FOR CHILDREN ONLY)

HOME PHONE

WORK PHONE

CELL PHONE

PARENTS/GUARDIANS NAMES (FOR CHILDREN ONLY)

HOME PHONE

WORK PHONE

CELL PHONE

E-MAIL ADDRESS (FOR GSA USE ONLY)

EMERGENCY CONTACT

PHONE

DOCTOR

PHONE

PERMISSION SLIP AND RELEASE (for young artists only)

I am the parent or legal guardian of: _____ I permit my child to engage in art classes. In the event of an emergency, and if I or my emergency contact cannot be reached, I give Susan Jackson and her staff permission to see that my minor child receives treatment. I also release the instructor, Susan Jackson and her staff from all liability to my child from his or her participation in said art classes and activities.

Date: _____ Signature of Parent or Legal Guardian: _____

FOR SUMMER CAMP REGISTRATION PLEASE CONTINUE TO MEDICAL FORM.