The Artful Attic
Arts & Crafts

2026-2027 Registration Form

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ Grade: _____ School: _____

Class Requested: *Please check correct class OR write in OTHER*

Arts & Crafts: Mon____ Thu____ Sat____ Sun____ **Teens**: Thurs____ Teens Sat____

Art for US: Single____ Weekly____ Monthly____ **Drawing**: ____ **Other:**_____

Parents Name(s): _____

Address: _____

City: _____ State:_____ Zip Code:_____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Allergies to food or Art Supplies? _____ Please explain: _____

Other Information about the child: _____

Emergency Contact Name: _____ Phone: _____

Names of Persons Authorized to pick-up:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Drop-off/Pick-up: Please be prompt and on-time at the beginning of the scheduled class and sign the child in. At the end of the class, please pick-up on-time and sign the child out of the class.

Activities: Art activities including paints, glues, pastels, chalk, pencils, pens, markers, yarn, fabrics, papers, wax, plastic bags, plaster, soaps and cleansers may be used in class. The Artful Attic takes all possible precautions to provide a safe, healthy and enjoyable setting. I warrant that my child is able to follow directions for these activities and acknowledge the risk for particapation in the class activities and that I allow my child to attend class knowing these risks and consequences, including personal injury.

Waiver of Liability: As the parent or guardian of the above child, I agree that I will not hold The Artful Attic or Business Alternatives, Inc. liable for any personal injury, property damage or loss of insurance. I agree to release and hold harmless The Artful Attic and Business Alternatives, Inc. from all liability incurred as a result of my child's participation in the art classes and that these terms serve as a release for myself, volunteers, property owners and members of my family.

Photographs: The Artful Attic is granted permission to use group photographs or images taken during the class for promotional purposes online or in print. YES _____ NO _____

Parent/Guardians Name (Print) _____

Parent/Guardians Signature: _____

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