



**STRAWTOWN**  
STUDIO

## Program Registration

Questions? 845-499-2252 [info@strawtownstudio.org](mailto:info@strawtownstudio.org)

Please send form and payment to:

Strawtown Studio, 179 South Mountain Rd, New City, NY 10956

**Participant / Child's Name:** \_\_\_\_\_  
(first) (middle) (last)

If child:  
Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Parent / Guardian's Name:**

\_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

email \_\_\_\_\_

**Parent / Guardian's name:**

\_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

email \_\_\_\_\_

**Siblings:** \_\_\_\_\_  
(name) (age) (name) (age)

\_\_\_\_\_ (name) (age) (name) (age)

**IMPORTANT:**

Other than parents, who is authorized to pick up your child at the end of the program? (If more attach on separate piece of paper)

name \_\_\_\_\_ relationship to child \_\_\_\_\_ phone # \_\_\_\_\_

**Check Off Program**

- |  |  |
|--|--|
| <input type="checkbox"/> After School Class (ages 6-12)        | <input type="checkbox"/> Community Workshop (all ages) |
| <input type="checkbox"/> Winter Break Mini-Camp (ages 6-12)    | <input type="checkbox"/> Other (please write in)       |
| <input type="checkbox"/> Spring Break Mini-Camp (ages 6-12)    |  |
| <input type="checkbox"/> Earth Art for Young Ones with Parents | _____  |

*(Please Note: Summer Registration requires a different form)*

Office Use Only:

Payment Check \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_ Date \_\_\_\_\_ **Total Due** \_\_\_\_\_

**Please tell us of your child's special skills, talents, interests:**

**How did you hear about the program?** Friend \_\_\_\_ Flyer \_\_\_\_ Web \_\_\_\_ FB/Social Media \_\_\_\_  
Other \_\_\_\_\_

**MEDICAL (Confidential)**

**Important :** Are there any medical conditions, medical history, or allergies we should be aware of ?

If allergies, please describe the symptoms and severity of reaction.

**When did your child last have a tetanus shot? Date** \_\_\_\_\_

**Emergency Contacts** – (Other than parents/guardians)

**1. Name:** \_\_\_\_\_ **relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: H -** \_\_\_\_\_ **C -** \_\_\_\_\_ **W -** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: H -** \_\_\_\_\_ **C -** \_\_\_\_\_ **W -** \_\_\_\_\_

**DOCTOR: Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Photo Release:**

During our classes we may take photos, or be photographed by the press or television.

**I do** \_\_\_\_\_, **I do not** \_\_\_\_\_ give permission for photographs or videos with my or my child's image to be used in connection with studio publicity, educational materials, or published in connection with Strawtown Art & Garden Studio, Inc. and/or the creative work of artists Laurie Seeman and Joanna Dickey.

**I do** \_\_\_\_\_, **I do not** \_\_\_\_\_ give permission for my or my child's name to be written or spoken for promotional or artistic purposes (as above).

**Refund Policy:** Refund is given if withdrawal from the session is prior to the date of the first class. No refunds after the class session has begun.

**Release Statement:** I hereby release all employees and staff of Strawtown Studio from all claims of liability for any damages or injuries that may be sustained while I or my child is in this program.

**Personal Property:** Please dress in clothing and footwear that is appropriate for the outdoor weather, nature exploration, and studio art (ie: clothing/shoes/outerwear that may get wet, dirty or stained). We will send a reminder before the program begins. Strawtown is not responsible for lost, missing or damaged clothing or items brought to the program.

**Participant / Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_