



Program Registration

Questions? 845-499-2252
info@strawtownstudio.org

Please send form and payment to:
Strawtown Studio, 640 North Midland Ave,
Nyack, NY 10960

**IMPORTANT:
Please Attach
Photo of Child**

Participant / Child's Name: _____
(first) (middle) (last)

If child:
Nickname: _____ Birthdate: _____ Age _____

School _____ Grade _____

Parent / Guardian's Name or Add'l Participant:

Address: _____
(street) (city) (state) (zip)

Phone:
home _____ work _____ cell _____
email _____

Parent / Guardian's name or Add'l Participant:

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

___ After School Class ___ Community Program (all ages)
___ School Holiday Mini-Camp ___ Other (please write in)
___ Nature Babies _____

Please Note: Summer Program requires a different form

Office Use Only:
Payment Check _____ Cash _____ Other _____ Date _____ **Total Due** _____

(Turn Over)

Please tell us of your or 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/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 Strawtown artists.

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. No refunds for one-time Community Programs.

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** _____