



## Program Registration

Questions? 845-512-8279

[info@strawtownstudio.org](mailto: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

\_\_\_\_ School Holiday Mini-Camp

\_\_\_\_ Other (please write in)

\_\_\_\_\_

*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(ren)'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** \_\_\_\_\_