

Birthday Party / Group Event

REGISTRATION FORM

Date for the class: _____

STUDENT NAME: _____

Age: _____ Birthdate: _____ Gender: _____

School Attending: _____ Grade: _____

Parent's name _____

Address: _____

Phone (W): _____ (C): _____

E-mail: @ _____

Emergency Contact Person: _____ (C): _____

Medical or any other concerns? _____

Have you ever attended here before? _____

Please leave your credit card information for auto charge. _____

Credit card # _____ (cvv) _____ Exp. Date _____

Signature _____ Date _____

*I understand and agree that my child is expected to carry his/her own accident and medical insurance. I release Little Picasso SVA from any and all liability and/or claims and damages arising out of personal injury of any kind. If necessary, I authorize Little Picasso to administer first aid and/or authorize medical treatment for my child. *I also give my permission for Little Picasso SVA to use photographs of my child and his/her artwork for promotional purposes.

Signature _____ Date _____



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