

WE DON'T JUST TEACH HOW TO DRAW, WE RAISE TRUE ARTISTS!

WHEATON, IL 60189



# RENAISSANCE

## CLASSICAL ART SCHOOL

WWW.FINEARTSCHOOL.US

### REGISTRATION FORM FOR 20\_\_-20\_\_ YEAR

Student's Full Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

School Grade \_\_\_\_\_ Renaissance Art School program total academic years: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Year student joined the program 20\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Parent/Guardian Name -Relationship to student: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact if parent is not available: Name/Relationship \_\_\_\_\_

Phone \_\_\_\_\_

List any Medical Conditions \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY:

I \_\_\_\_\_<sup>initials</sup> parent/guardian, do hereby consent to participation in the above Art school program, including all activities to the program. I assume all responsibilities for and risks and hazards of participation in the Renaissance Art school program. I understand that NO REFUNDS will be issued for missed classes (I have right to use the same amount of make up classes).

Art School reserves the right to compliment your child by using any classroom artwork in future web/print promotions, TV and local newspapers.

ART SCHOOL WILL CALL MEDICAL EMERGENCY if none of parents/emergency contacts etc. answering calls for 5 minutes \_\_\_\_\_<sup>initials</sup> If the teacher will decide student(s) need(s) emergency medical help.

As a valued customer you'll automatically receive information via e-mail such as our newsletters, discounts and possible scholarships. Yes ☐ No ☐

I have read and understand the above:

Parent/Guardian Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(872) 216-6499