



Program Registration Sheet

Child's Name: _____ Date of Birth: ____/____/____ Age: _____

Allergies/Health Issues: _____

Mailing Address: _____

Mother's Name: _____

Mailing Address: _____

Cell #: _____ Home #: _____ Work#: _____

Email Address: _____

Father's Name: _____

Mailing Address: _____

Cell #: _____ Home #: _____ Work#: _____

Email Address: _____

Do you currently receive emails from us? YES NO

If not, would you like to? YES NO

Emergency Contact: _____ Phone #: _____

Second Contact: _____ Phone #: _____

Parent Statements:

I will not hold The Studio Art School LLC or The Trailhead Children's Discovery Museum liable in the event of injury or loss, except in cases of the The Studio's and/or The Trailhead's negligence.

Initial

I grant The Studio Art School LLC and The Trailhead Children's Discovery Museum permission to use any photographs taken of my child during programs for promotional purposes.

Initial

I understand that my child's continued attendance at programs is contingent upon his/her willingness to abide by the The Studio/Trailhead rules.

Initial

I accept personal responsibility for prompt payment of all fees when due. I understand that I may not drop my child off at The Trailhead without payment and this form filled out completely.

Initial

I understand that once I have committed to a program, if I choose to cancel, a refund will not be given, except in cases of medical or family emergencies.

Initial

I have initialed by each statement that I am in agreement with. I understand that my child's enrollment in these programs is contingent upon my agreement with the above statements, excepting the statement regarding photographs.

Student's Name: _____

Signature of Parent: _____ Date: _____

Parent's Name (please print): _____

****WE ABSOLUTELY MUST HAVE THIS FORM IN OUR HANDS BEFORE YOUR CHILD CAN ATTEND ONE OF OUR PROGRAMS. PLEASE EITHER:**

- **Drop if off to us at The Trailhead**
- **Mail it (with your payment) to:**

The Trailhead

PO Box 1508

Crested Butte, CO 81224