







# Registration Form

## Student Information<sup>1</sup>

Name: \_\_\_\_\_ School: \_\_\_\_\_ Birth-Date: \_\_\_\_\_  
 Allergies or other info: \_\_\_\_\_

## Parent Information

Name: \_\_\_\_\_ Email : \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work : \_\_\_\_\_ Home : \_\_\_\_\_ Cell : \_\_\_\_\_  
 How did you hear about us?  Art Show  Advertisement  Friend  School  Street Sign  
 Website  Other - please specify: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone : \_\_\_\_\_  Other parent  
 Friend  Family

## Class Choice

	Class / Camp	Day/Time	\$
Preferred <sup>2</sup> :	_____	_____	_____
2nd choice:	_____	_____	_____
School:	<input type="checkbox"/> Ravenna <input type="checkbox"/> Madison		

## Payment Information

Option:  Monthly  Quarterly  Annual (Select for Academic Year Classes Only)  
 Method:  Visa  MasterCard  Check (Payable to "Thrive". Checks not accepted for Monthly Payment Option)  
 Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**To complete registration you must check the statements below and sign.**

- I have read the registration policies and understand there are no credits or refunds for missed classes.
- If selecting monthly option, I authorize Thrive Art School to charge my credit card each month. I understand that written notice must be given 2 weeks prior to withdrawing, without this I am liable for full tuition payment for the following month.
- I give permission for myself or my child to receive emergency medical treatment.
- I agree that photos of myself or my child may be used in publications or art shows.
- I hereby release Thrive Art School LLC from liability for any injury I or my child may suffer as a result of participation in the program
- I understand that Summer Camps may include taking my child off school premises during break and that the above release of liability applies during that time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to: Thrive Art School, 6329 Ravenna Ave NE, Seattle WA 98115

<sup>1</sup> Please complete one form per student.

<sup>2</sup> You will be notified if your preferred option is unavailable.