

# Spring 2025 Art & Science Splash!!!!

COME GET  
messy!

KIDCREATE<sup>®</sup>  
STUDIO

## Location:

Garden City Parks & Rec  
110 Rockway Avenue,  
Garden City NY 11530

## Spring 2025 Session Dates:

April: 25, 30

May: 2, 7, 14, 16, 21, 28

Time: 5:45 - 7:00 PM

Price: 4 classes - \$200/Child  
8 classes - \$400/Child

Questions about classes?



516-417-9122



Fpatel2911@gmail.com



Register Here!

\*\* SIBLINGS AND GROUP DISCOUNTS AVAILABLE –  
CONTACT US TO LEARN MORE!

## 2025 Spring Art & Science Splash!!! - Registrations Open

**Our art and science classes are designed to inspire and educate your child in an environment where giggles and grins are encouraged. Children will get messy with paint, clay, slime and so much more! Instructors (who are called "Mess Masters") provide all the materials necessary for your child to participate in the class and no additional purchase is required to attend. We also offer weekly classes, workshops, camps, homeschool classes, art kits and gifts for kids**

Registrations are now Open. Forms can be obtained at,

- **Online:** <https://forms.gle/1QeEM5J7texByRbq8>
- **In Person:** Recreation office located at 108 Rockaway Avenue, Garden City, NY 11530
- **Email:** [fpatel2911@yahoo.com](mailto:fpatel2911@yahoo.com)
- ✓ Registration and fees are due by Thursday, April 24th
- ✓ The session will begin on April 25th
- ✓ Fees
  - \$400/Child for 4 spring sessions
  - \$800/Child for 4 spring sessions

For more info,

- Please contact the Recreation Department
  - 516 465-4075
- Or
- Contact Us
  - Phone: (516) 417-9122
  - Email: [fpatel2911@yahoo.com](mailto:fpatel2911@yahoo.com)

Note: Due to limited availability, we are not offering 12 sessions for the spring - 2025

Follow us on Facebook and Instagram:



# KIDCREATE MOBILE STUDIO - Spring Art & Science Splash!!! Registration

## 2025 Spring Session Dates:

- April: 25, 30
- May: 2, 7, 14, 16, 21, 28

## Enrollment Frequency:

Enrollment is required at the start of each session. Please refer to the dates above for specific enrollment periods for the sessions.

**Class Address:** 110 Rockaway Ave, Garden City, NY 11530

## Contact us:

Phone: (516) 417-9122

Email: [fpatel2911@yahoo.com](mailto:fpatel2911@yahoo.com)

\* Indicates required question

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1. Email \*

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2. Session \*

*Mark only one oval.*



Spring - March, April, May



Summer - June, July, August (Dates : TBD)



Fall - September, October, November (Dates : TBD)



Winter - December, January, February (Dates : TBD)

## Child Information

3. Full Name: \*

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4. Date of Birth: \*

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5. Age: \*

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6. Allergies or Medical Conditions:

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7. Special Needs or Accommodations:

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**Parent/Guardian Information**

8. Full Name: \*

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9. Phone: \*

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10. Address \*

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**Emergency Contact**

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*Other than Parent/Guardian*

11. Name: \*

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12. Relationship \*

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13. Phone: \*

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14. Email:

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**Designated Pickup Person**

*If different from parent/guardian*

15. Name:

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16. Relationship:

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17. Phone:

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18. Email:

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**Class Preference**

19. Program: \*

*Mark only one oval.*

☐ Art

☐ Science

20. Enrollment: \*

*Mark only one oval.*

☐ Four (4) classes per session - \$200/child

☐ Eight (8) classes per session - \$400/child

☐ Twelve (12) classes per session - \$600/child (Not Available for Spring 2025)

21. Would you like to Auto-Enroll in Monthly Classes? \*

☐ Yes

☐ No

**Payment Info**

22. Payment Method \*
- Mark only one oval.*

☐ Check

☐ Venmo

☐ Zelle

☐ PayPal

**Consent & Agreement**

23. I, the undersigned, agree and give permission for my child to participate in Kidcreate Studio Mobile's art and science classes. I understand that all reasonable precautions will be taken to ensure my child's safety. I release Kidcreate Studio Mobile and its staff from liability in case of injury. I also grant permission for photographs of my child to be taken and used for promotional purposes. \*

The Participant acknowledges and agrees that full payment is required for consideration and enrollment in the class. All payments made are non-refundable. In the event that a child is unable to attend a scheduled class session, a makeup class may be offered at the sole discretion of the Provider, provided that it is feasible. However, no monetary refunds or credits will be issued for missed sessions.

By completing this registration, the Participant acknowledges and agrees that they will be notified in advance of the availability of the upcoming month's registration dates via email and/or text message. Additionally, registration information may be obtained by contacting the Provider, during the session, or through notices posted on the class board. The Participant is solely responsible for ensuring that their contact information is accurate and up-to-date to receive such notifications.

☐ I, Agree

**Signature:** \_\_\_\_\_

**Name:** \*

**Date:** \*

## LIABILITY WAIVER AND RELEASE AGREEMENT

**Parent/Guardian Name:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**Class/Program Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

In consideration of the child's participation in the after-school art classes provided by KidCreate Mobile Studio, I, the undersigned, hereby agree to the following terms and conditions:

### 1. **Assumption of Risk**

I understand that participation in the activities involved in the art classes may include physical movement and the use of various materials and equipment. I acknowledge that there are inherent risks of injury, illness, or harm associated with these activities. I voluntarily and knowingly assume all risks, both known and unknown, associated with my child's participation in these classes.

### 2. **Release of Liability**

I hereby release and hold harmless KidCreate Mobile Studio, its employees, instructors, agents, volunteers, and affiliates from any and all liability, claims, actions, or damages arising from or related to any injuries, accidents, illnesses, or property damage that may occur while my child is participating in the activities of the art classes, including any injury or harm caused by the negligence or intentional act of KidCreate Mobile Studio or its staff, to the fullest extent permitted by law.

### 3. **Indemnification**

I agree to indemnify and hold harmless KidCreate Mobile Studio, its employees, agents, instructors, and affiliates from any loss, liability, damage, or costs, including reasonable attorney's fees, arising out of any injury, damage, or claim made by my child or a third party due to my child's participation in the art classes.

### 4. **Medical Treatment**

In the event of an emergency, I give permission for my child to receive any necessary medical treatment and acknowledge that I am responsible for any costs incurred as a result of such treatment. I affirm that I will promptly



inform KidCreate Mobile Studio of any allergies, pre-existing medical conditions, or special health concerns of my child that may impact their participation in the classes.

**5. No Refunds**

I acknowledge that the payments made for the classes are non-refundable. In case of any missed sessions, no refunds will be provided, although makeup sessions may be offered at the discretion of KidCreate Mobile Studio.

**6. Waiver of Future Claims**

I agree that this waiver shall be binding upon my child, my family members, heirs, and assigns. I acknowledge that I have read and fully understand this waiver, and by signing this form, I voluntarily waive any future claims or rights to pursue any legal action in relation to my child's participation in the classes.

**7. Parental Consent and Ownership of Materials**

By signing this agreement, the Parent/Guardian grants permission for KidCreate Mobile Studio to use photographs, videos, and other media from sessions for promotional purposes. All materials created during the sessions, including artwork and media, are the property of KidCreate Mobile Studio.

By signing below, I confirm that I have read this Liability Waiver and Release Agreement, understood its contents, and agreed to be bound by its terms.

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**Parent/Guardian Signature:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_