

# Seraphim Studio

(530) 650 – 6517

## **Registration**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Instructions or Needs: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

## **Authorized People to Pick Child Up**

ID will be required upon first meeting of authorized person. Written permission is required for anyone not printed on this list.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Emergency Contacts**

These contacts are other than parents or guardians. They would also be considered authorized to pick your child up.

Contact #1 Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## **Medical Information**

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Hospital to go to in case of an emergency: \_\_\_\_\_

Name of Health Insurance: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_

***I grant permission for Julia Shanks of Seraphim Studio to provide or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for my child, \_\_\_\_\_ during an emergency or disaster. I also grant permission***

(please print child's name here)

***for my child to be released to any of the emergency contacts I have designated on the previous page if I am unable to pick them up in an emergency.***

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Studio Agreements**

- **Payment**

*Payments can be made with a homeschool voucher, cash, or personal check. I do not take credit cards or online payments at this time. Payment is due by the first session of the class duration. For private lessons, payment is due at the beginning of each lesson. If payment is being made with a homeschool charter voucher, the voucher must be received by the first session of the class duration. Unless an alternative personal arrangement for payment is made, the above stands. Checks can be made out to Seraphim Studio or Julia Shanks.*

- **Late Pick up**

*Students are to be picked up no later than 15 minutes of the scheduled end of class. If not, a charge of \$25 for each hour or portion of will be due. I am happy to make a personal arrangement if you anticipate a schedule conflict or a one-time emergency happens, then the late fee will not be charged.*

- **VIE Students**

*If you are with Visions in Education charter school, they require that parents stay at the studio during class. If you'd like to leave, I'll need you to sign a waiver form.*

*I agree and promise to abide by the above Studio Agreements*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Liability Release Form**

Child's Name: \_\_\_\_\_

*In consideration of allowing the previously declared participant(s) in Seraphim Studio's activities, while on the premises and property of the home of Paul and Julie Shanks, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s) release and hold harmless Seraphim Studio, its owners, employees, and agents of any from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while on or upon the premises upon which Seraphim Studio is conducted, or any premises under the control and supervision of Seraphim Studio's, its owners, officers, employees, or agents or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Seraphim Studio, its owners, officer, agents, or employees.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Photo Release Permission Slip**

*Social media, paper handouts and vendor fair displays, are a great means of advertising. As a business, I would love to use student art and class pictures for advertising purposes, but I do not want to infringe on any parent or student wishes. I respect yours and your child's privacy. So, this portion of the form is to get your permission or non-permission to use your child's art or face for advertising or educational purposes.*

As a parent or guardian of \_\_\_\_\_,  
(please print child's name here)

*I hearby consent to the use of photographs taken during classes at Seraphim Studio for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use or for damages.*

\_\_\_\_\_ Yes, I give consent for Seraphim Studio to photograph my child or art for purposes stated above.

\_\_\_\_\_ No, I do not authorize Seraphim Studio to photograph my child or art for any of the purposes stated above.

Student's Name: \_\_\_\_\_

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