

Seraphim Studio

(530) 650 – 6517

Registration

Child's Name: _____ Birthdate: _____

Address: _____

Allergies: _____

Special Instructions or Needs: _____

Parent or Guardian: _____

Telephone: Home _____ Work _____

Cell _____ Email _____

Parent or Guardian: _____

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 Julie 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

(please print child's name here)

emergency or disaster. I also grant permission 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: _____

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

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

I hereby 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 for purposes stated above.

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

Student's Name: _____

Parent Signature: _____ Date: _____