

Beth Ann Designs
20 Seminary Ave
Hopewell, NJ 08525
609-466-6467
info@bethannjudge.com

Summer Jewelry Workshops 2020

Class choice (check one or more):

Beginner/Intermediate Jewelry ~ Week 1~ June 22-26 _____
Art of Enamel ~ Week 2 ~ June 29-July 1 _____
Beginner/Intermediate Jewelry ~ Week 3 ~ July 6-10 _____

Student Information

Name: _____ Today's Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Email: _____
Home Phone: (____) _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: (____) _____
Name: _____ Relationship: _____ Phone: (____) _____

Medical Information

Physician: _____ Phone: (____) _____
Insurance Carrier: _____ Policy #: _____
Allergies: _____
List all medications your child is currently taking: _____

Anything else we should know: _____

Emergency Medical Release

In case of emergency I understand that every effort will be made to contact the parents, guardians, or alternate contact. In the event that I cannot be reached, I give permissions to the physician selected by Beth Ann Designs to secure proper treatment for my child. I understand I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I hereby release Beth Ann Designs of Hopewell from any responsibility for injuries or illness occurring as a result of, or coincidental to, my child's participation in this class.

Initial: _____

Walking Field Trip Permission

I give permission for my child to participate in walking field trips within walking distance from Beth Ann Designs Studio, 20 Seminary Ave, Hopewell. (Park, Library etc.) I understand that students will be supervised at all times.

Initial: _____

I give permission to Beth Ann Designs to use photographic or video images of classes for promotional purposes (without student names or identification).

Initial: _____

Pick-up Permission

The following individuals have permission to pick up my child from class. Anyone other than the below names will need to have arrangements made in advance.

Name: _____ Phone: (____) _____
Name: _____ Phone: (____) _____
Name: _____ Phone: (____) _____

I (___do) (____do not) give Beth Ann Designs the permission to use photographic images of my student and their work, who are enrolled in class, for publication purposes. Possibilities may include, but are not limited to web site, newspaper, magazine and/or social media sites. Student's names will not be used. Images will only be used for promotion of classes and/or the studio.

Parent/Guardian signature: _____ Date: _____