

KIDZ EDITION

SAN DIEGO

619-415-5228

www.kidzedition.com

kidzedition@gmail.com

REGISTRATION FORM

Child's Name: _____ Age/Grade: _____

Parent/Guardian's Name: _____

Phone#: _____

Email _____

School/Room # _____

Pick Up or Aftercare? _____

Anything we should know about student(special needs, allergies, etc)

I hereby give my permission for my child to participate in KIDZ EDITION . I, the undersigned, understand my child is entered into the workshop at his/her own risk and it's staff are not responsible for personal injury. DURING THIS TIME ANY CHILD WHO IS SICK WILL NOT BE ALLOWED TO ATTEND CLASS. THERE WILL BE NO REFUNDS FOR CLASSES MISSED. MASKS MUST BE WORN AT ALL SDUSD SITES UNTIL FURTHER NOTICE.

Parent/Guardian Signature: _____ Date: _____

Okay for my child to be photographed/videoed? (Photos and Video are only for you to see your child's progress. If not we will make sure not to photograph or video your child. Please Initial if okay: _____

Payments can be made by Check to Kidz Edition, online wt www.kidzedition.com OR Via VENMO @KidzEdition

If you pay via Venmo please leave a note of your child's name and grade. If payment is online please send a follow up email with the child's name and grade.