

## Registration Form

**Student's Name:** \_\_\_\_\_ (First/Last) **Age:** \_\_\_\_\_

**Student's Birth Date:** \_\_\_\_\_ (mm/dd/yyyy)

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

### Class Selection

#### Weekdays:

- MON 3:30 P.M.- 5:30 P.M. (2 Hours)
- TUE 3:30 P.M.- 5:30 P.M. (2 Hours)
- WED 3:30 P.M.- 5:30 P.M. (2 Hours)
- THUR 3:30 P.M.- 5:30 P.M. (2 Hours)
- FRI 3:30 P.M.- 5:30 P.M. (2 Hours)

#### Weekends:

- SAT 9:00 A.M.- 11:00 A.M. (2 Hours)
- SAT 11:00 A.M. - 12:00 P.M. (1 hours)
- SAT 3:30 P.M.- 5:30 P.M. (2 Hours)
- SUN 9:00 A.M.- 11:00 A.M. (2 Hours)
- SUN 11:00 A.M. - 12:00 P.M. (1 hours)
- SUN 3:30 P.M.- 5:30 P.M. (2 Hours)

### Number of Classes:

- 4 Classes
- 8 Classes
- 16 Classes

**Start Date:** \_\_\_\_\_ (mm/dd/yyyy)

**Parent's Name:** \_\_\_\_\_ (First/Last)

**Contact Phone Number:** \_\_\_\_\_ **Wechat Number**(If apply): \_\_\_\_\_

**Email:** \_\_\_\_\_



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

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

**Tuition Amount \$** \_\_\_\_\_

**Payment Method:**  Cash  Check

**Allergies/Special Concerns:** Does the student have any emotional, physical, medical or behavioral problems that might affect him/her during art class? (If so, please explain.)

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POLICY AGREEMENT: \*

By signing this form, I agree to all terms and policies of Sunflower Lab. Sunflower Lab will contact 911 in the event of an emergency and if I cannot be reached. Neither Sunflower Lab nor its individual staff or volunteers shall be liable or responsible for any injury that may occur to the student at any time or any place during the program. I will be responsible for the medical fees for the above minor should s/he require emergency medical treatment while attending Sunflower Lab art program or art activities. Tuition is non-refundable once the registered sessions / classes begin. I am responsible for notifying the school of any absence at least one day in advance. I understand that my child must be picked up after class in a timely manner. If I do not pick up my child within 15 minutes of class ending Sunflower Lab will contact the alternative contact to request my child be picked up. I agree to pick up my child when requested due to health or behavioral issues.

I also give my child permission to participate in the Sunflower Lab and give my permission for my child/children/myself and his/her/my artwork to be photographed and/or filmed by Sunflower Lab and any affiliates to be used for promotional purposes without compensation of any kind. I understand that all photographs and media become the sole property of Sunflower Lab.

**Signature:** *(Parent/Guardian)* \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** *(Parent/Guardian)* \_\_\_\_\_

Sunflower Lab LLC  
2060 Huntington Dr., Suite 6,  
San Marino, CA 91108

Phone: 626-566-5569  
Email: [sunflowerlab626@gmail.com](mailto:sunflowerlab626@gmail.com)  
Wechat: SunflowerLab