

**PAINTED PALETTE SUMMER STUDIO**

WEEK REGISTRATION: RETURN BY  
JULY 10 WITH DEPOSIT

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_  
PARENT(S) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_ CELL \_\_\_\_\_

FEE \$145.00 - PAYABLE BY CASH/CHECK/ZELLE/VENMO  
DEPOSIT \$50 DUE JULY 10 \_\_\_\_\_ \$95 DUE JULY 13<sup>th</sup> DATE RECEIVED \_\_\_\_\_

2<sup>nd</sup> STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_  
DEPOSIT \$75 DUE JULY 10 \_\_\_\_\_ \$200 DUE JULY 13<sup>th</sup> DATE RECEIVED \_\_\_\_\_

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**HEALTH & EMERGENCY CONTACT INFORMATION**

While Painted Palette Studio strives to maintain a safe environment for each student, parents/guardians must participate by providing information to assist in case of emergency: *Please print*

**Student(s):** \_\_\_\_\_

**EMERGENCY CONTACT:**

**Parent/Guardian 1:** \_\_\_\_\_ **cell** \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ **cell** \_\_\_\_\_

**If neither parent/guardian is available in an emergency notify:**

**Name:** \_\_\_\_\_ **cell** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Allergies:** (insect stings, medications, hay fever, asthma, other:

See Reverse Page 2 for more information and required signature.

**Other Health Problems/Concerns:**

**PLEASE MAKE ARRANGEMENTS TO PICK UP STUDENTS BY END OF SESSION**

**Permission for Painted Palette Studio to use my child's photo/video interview/quotes on our website or Facebook pages for the purpose of advertising.**

Yes       No

I release and hold harmless CAN DO 123 LLC, DBA Painted Palette Studio and all officers and agents from any and all liability for injuries during participation at Painted Palette Summer Studio Week. I therefore also waive all claims against Painted Palette Studio owners and lesser of premises during participation at Painted Palette Studio Week. I understand I or my emergency designee listed must be available for contact in case of emergency to authorize any emergency care/treatment.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_