

YOU GOTTA HAVE ART CLASS REGISTRATION FORM

(Please Print)

School Name _____ Day _____ Session _____

Participant's Name _____ M _____ F

Address _____

City _____ State _____ Zip _____

Age _____ Best Contact Phone _____

Parent/Guardian _____

Email _____ Work Phone _____

Emergency Contact Person (s) _____ Tel _____

List any Medical Conditions _____

I/We, the above participant (s), and parent (s) /guardian (s), do hereby consent to participation in the above program, including all activities to the program. I/We assume all responsibilities for, and risks and hazards of, participation in the named program, even though all will be done to keep all children safe, risk or injury may occur. I/We understand that NO REFUNDS will be issued. We reserve the right to compliment your child or you by using any classroom artwork in future promotions. I have been informed and understand that this program is not a licensed childcare facility. I acknowledge and understand that this program is not required to be licensed by the Georgia Department of Early Care and Learning. I acknowledge and understand that this program is exempt from state licensure requirements.

Date _____ Signature of Parent or Guardian (s) _____

TOTAL AMOUNT DUE: \$ _____

METHOD OF PAYMENT:

(Select One) VISA MC AMEX DISC CHECK # _____

Card Number _____

Expiration _____ / _____ CVV Code _____

(There is a \$25.00 service charge on all returned checks)

If CC address is different from home address please include.

Please send payment to: YOU GOTTA HAVE ART • P.O. Box 3834, Alpharetta, GA 30023-3834
Telephone: 470.233.4610 • Web: www.yghapro.com • Email: artist1@yghapro.com