

Developmental Children Art Academy

APPLICATION/REGISTRATION

Student NAME:	ADDRESS:
PHONE:	EMAIL:
DATE OF BIRTH: MM/DD/YYYY	EMERGENCY CONTACT:
Mother's NAME:	Father's NAME:

ABOUT STUDENT INTEREST

I am taking this class because...

Describe your sketching and painting experience:

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(Adults ONLY)					
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Developmental Children Art Academy

RELEASE FORM

Developmental Children Art Academy (henceforth DCAART) is a private tutoring program to provide children with sketching and painting process and technique. We work with mix media such as rice, clay,fabric ,rocks,ceramic,porceline,and fabrics that has dyes. We also work with acrylic paints and oil colors. Students will be supervised at all times throughout the teaching process. Parents must sit in the waiting area while child is in class. We are NOT a daycare center. We are an ART SCHOOL. We are registered as a private tutoring service in sketching and painting. Therefore, children must be accompanied with mother/parent/guardian at all times. It is mutually agreed that DCAART staff release from all liabilities, fall, and accident or health condition while attending the classes. We are not responsible for lost items, nor are we responsible for Childs health. Parents voluntarily bring their child to the 1 hour session for private tutoring in sketching and painting.

Adult students voluntarily attend classes for sketching and painting and releases DCAART and its staff from any liabilities, accidents, fall while on premises. Adults, Parent agree to inform DCAART of health conditions that may conflict with our service and the material that we work with.

PAYMENT POLICY

Payment is due before classes begin. Payments are due on the 1st of each month for enrolled students. One month non refundable deposit of chosen package is required at the time of registration.

CANCELLATION POLICY

Students must inform DCAART 1 week in advance of missing classes and 1 month in advance for cancelling enrollment.

I have read and agreed to the terms and conditions above and have agreed to release DCAART from any liabilities while attending the tutoring classes in sketching and painting.

Name of DCAART Staff/witness:	Date:	
Date:		
Name of Parents (c/o student):	Signature	
NAME of Student:	Signature	