

# ENROLLMENT FORM

Office use only: DATE CK#/CASH AMOUNT SESSION



1375 Blossom Hill Road Suite 17  
San Jose, CA 95118  
1(408) 510-8046

**Please CALL or SIGN UP TODAY to enroll yourself and/or your child. Complete and submit this form on the first day of class with cash or check made out to: Hidden Talent Art Studios LLC**

**Class Description:** \_\_\_\_\_ **Class time:** \_\_\_\_\_ **Day of week:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_

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

**Best Contact #'s: Mom:** \_\_\_\_\_ **Dad:** \_\_\_\_\_

**Student will be dropped off by:** \_\_\_\_\_ **and picked up by:** \_\_\_\_\_

**List any other individuals allowed to pick student up from class:** \_\_\_\_\_

**Art is messy! Please have your child wear appropriate attire.**

**You are encouraged to bring an apron to class.**

**We are not responsible for stains caused by art materials.**

As the parent or authorized representative, I hereby give consent to have my child and/or myself attend Hidden Talent Art Studios LLC. I will not hold Hidden Talent Art Studios LLC owners or their employees liable of any accidents, physical or other injury from any and all claims, demands, costs, expenses, and compensation. In case of an emergency, I give permission to Hidden Talent Art Studios LLC to obtain medical and/or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), or dentist (D.D.S.) for my child. This care may be given under whatever conditions necessary to preserve the life, limb or well being of my child. By signing this form, I agree to these terms freely and voluntarily without inducement for myself and on behalf of my child.

**Parent Name: (please print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **I give Hidden Talent Art Studio, LLC permission to take photos of my child's artwork that may be used in our fliers, advertising, website and publications. HTAS will only use child's first name and age.** \_\_\_\_\_

Parent/Guardian signature

**I give Hidden Talent Art Studio, LLC permission to take photos of my child creating art that may be used in our fliers, advertising, website and publications. HTAS will only use child's first name and age.** \_\_\_\_\_

Parent/Guardian Signature

**Absent credits must be used during current or following session**

Parent/Guardian Signature

**HOW DID YOU HEAR ABOUT US? \_\_\_\_\_ FAMILY/FRIEND \_\_\_\_\_ FACEBOOK \_\_\_\_\_ INTERNET \_\_\_\_\_ WALKING BY \_\_\_\_\_ OTHER, PLEASE LIST:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**List any Allergies/Medical Conditions/Medication allergies we should be aware of:** \_\_\_\_\_