



Karen Johnson
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ART CLASS REGISTRATION FORM

Artist's Name _____ Age: _____

Address: _____

Family information:

Parent _____ Phone: _____

Cell: _____ Email: _____

Would you like your email address to be added to our contact list to hear about class schedules and special workshops. _____yes _____no

Session you are signing up for and the dates: _____Session/_____

Day of week ____ Time::_____

Is your child allergic to any foods or anything outside or anything else found in a studio environment?

In signing this registration form, parents accept the following statements:

^I understand that after this registration has been signed and the workshop has started, if the student fails to attend, withdraws, experiences incomplete attendance refunds are not made.

^I authorize Karen Johnson to make, have, use, publish, and reproduce photographs, slides, video of your child's artwork.

^I authorize Karen Johnson and Art Studio 109 to publish images of artwork and my child painting in social media outlets such as Facebook , Twitter and Pinterest. Unless otherwise specified, the first name and age range of the student may be published with the painting.

^I authorize Karen Johnson to include images of my child's artwork in promotional materials and for publishing books and reference materials.

Signed _____ Date _____