



Creative Creatures & Co.
Young Artists Collective

**Heritage Montessori
2017-2018 Student Registration Form**

Parent/Guardian Name: _____

Phone Number: _____ Campus (Circle one): **NEWPORT MESA LAKE FOREST**

Email: _____

Student Name: _____ Age/Grade: _____

FALL 2017 COURSE

Amazing Animals: A Drawing and Painting class

2-6 YRS old

Tuition: \$165/12 weeks (\$12 per class + art materials)

My child has the following particular situations of which teachers need to be aware (allergies/medical concerns, strong preferences in learning styles, special needs or concerns, etc.):

Payment may be made by check or paypal. Please send payment to the following address:

Check: (Make payable to Creative Creatures & Co.)

33141 Paseo Pinto

San Juan Capistrano, CA 92675

Paypal:

Please send payment via www.paypal.com to kameron@ccartcollective.com

****You may also leave a check at the front desk of campus, please see the front desk for details.**

Please mail/email completed registration forms & class fee to Creative Creatures & Co.:

33141 Paseo Pinto, SJC, CA 92675 • 949.441.0604 • info@ccartcollective.com

www.creativecreaturescompany.com

In order for your child to gain the most from this experience, we've laid out some recommendations for you and your child.

-Your child will be using materials that may soil or stain clothes/shoes, We do provide aprons and we suggest your child wears clothes/shoes that you won't mind getting dirty.

-Each week, your child will be educated on art history, processes, and techniques. We encourage you to share in your child's enthusiasm, and discuss with them what they've learned and practiced.

Liability Release Form

In consideration of allowing the previously declared participant(s) to begin participation in Creative Creatures & Co. activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless Creative Creatures & Co., its owners, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Creative Creatures & Co. is conducted, or any premises under the control and supervision of Creative Creatures & Co., its owners, officers, employees, or agents or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Creative Creatures & Co., its owners, officers, agents, or employees.

Parent/Guardian Signature: _____ Date: _____

Assumption of Risk

I understand that participation in the above event or activity could include actions or tasks that might be hazardous to the participant named above. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of Creative Creatures & Co. By signing below, the undersigned and participant(s) voluntarily assume any and all risk of harm, injury, loss, or damage sustained by the participant(s) and/or the undersigned or any property owner, which might occur due to participation in the event or activity stated. I release Creative Creatures & Co. from all liability, costs and damages that might arise from participation in the above named event or activity. If the participant is a minor, I agree that the minor has my consent to participate in the event.

Parent/Guardian Signature: _____ Date: _____

Medical Release

I, parent/guardian of _____ (name of child), hereby designate the program leader or his/her designee to act in my behalf to authorize and seek emergency medical treatment for the participant in an emergency due to illness or injuries sustained by my child while participating in Creative Creatures & Co. activities. I hereby assume financial responsibility for hospitalization, medical attention, transportation, or any financial debt incurred by said action. I request that I be contacted within a reasonable time in the event of illness or injury requiring medical services.

Parent/Guardian Signature: _____ Date: _____

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT In signing the Release, the undersigned acknowledges:

- a) That they have read thoroughly, understands completely the terms of Registration and Release, and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant(s).
- c) That they have signed this Agreement freely, voluntarily, and under no duress.
- d) Signature is proof of intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law. Undersigned is 18 year of age or older and mentally competent to enter into this waiver.
- e) Class tuition fees are refundable 48 hours prior to the first day of class after which, all fees will be non-refundable.

Parent/Guardian Signature: _____ Date: _____

Please read and sign the following statement:

I have read and understand Creative Creatures & Co.'s Policies and Procedures as contained in this document. I hereby give approval to my child's participation in any and all of the activities of the Creative Creatures & Co. program.

Signature: _____ Date: _____

Please mail/email completed registration forms & class fee to Creative Creatures & Co.:

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