



Class Registration Form & Release Agreement

Make checks payable to Squak Art Studio. Please contact our office for exact prices.

1st Artist _____ Class Day/Time _____ Class Duration _____
 Pronoun (i.e. she/he/they) _____ *Minors Only:* Date of Birth _____ Age _____ School _____ Grade _____

2nd Artist _____ Class Day/Time _____ Class Duration _____
 Pronoun (i.e. she/he/they) _____ *Minors Only:* Date of Birth _____ Age _____ School _____ Grade _____

Parent/Guardian's Name _____ Referred By _____
 Mobile Phone _____ Alternative Phone _____ Email _____
 Address _____ City/State _____ ZIP _____

Please list any medical conditions, allergies, or learning needs that are relevant to our staff:

Release agreement: I, _____, have read and understand Squak Art Studio's policies and terms. I consent to photographs of me or my dependent being used in promotional material and media. I am aware that I or my dependent will have access to art tools and materials, some of which may be sharp, pointed, harmful if ingested, or otherwise unsafe when misused. I release Squak Art Studio from responsibility for injury or death due to misuse of materials, tools and facilities.

Parent/Guardian/Adult Signature _____ **Date** _____

Check here to join our newsletter: Get email notifications about sales, camp/class dates, and other studio events.

Class times, prices and instructors subject to change without notice. Childcare Tax ID available on request. Revised 9/3/2019
 240 N.W. Gilman Blvd., 2nd Floor Suite E-F, Issaquah, WA 98027 | 425.677.7622 | squakart@gmail.com | www.squakart.com



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