

Student's First Name: _____

Student's Last Name: _____

Student's Age: _____ Session #: 1 2 3 4 5 6 7 8 Track: 1 2 (see below)

TRACK 1: Ages 5-8 from 9:00 A.M.-12:00 P.M. or **TRACK 2:** Ages 9-14 from 1:00-4:00 P.M.

Special Instructions (Allergies, Medicine, etc.): _____

If registering multiple students, please fill out bottom portion

- I understand that the full tuition is non-refundable once a space has been reserved for my child(ren) unless requested one week prior to class.
- I grant full permission to use photographs, video, and any other recording of classes or the program involving my child(ren) for any legitimate purpose.
- I hereby waive and release any and all rights and claims against ArtHaus of Volusia & Flagler Counties.
- By signing this form, I acknowledge that I have read and understand the above policies. This agreement is a legally binding instrument when signed by registrant and accepted by ArtHaus.

Parent/Guardian Signature

Date

Additional Students:

Student's First Name: _____

Student's Last Name: _____

Student's Age: _____ Session #: 1 2 3 4 5 6 7 8 Track: 1 2 (see below)

TRACK 1: Ages 5-8 from 9:00 A.M.-12:00 P.M. or **TRACK 2:** Ages 9-14 from 1:00-4:00 P.M.

Special Instructions (Allergies, Medicine, etc.): _____

Student's First Name: _____

Student's Last Name: _____

Student's Age: _____ Session #: 1 2 3 4 5 6 7 8 Track: 1 2 (see below)

TRACK 1: Ages 5-8 from 9:00 A.M.-12:00 P.M. or **TRACK 2:** Ages 9-14 from 1:00-4:00 P.M.

Special Instructions (Allergies, Medicine, etc.): _____

Parent/Guardian

Address

City/State/Zip:

Home Phone: _____

Work/Cell Phone: _____

Email: _____

Emergency Contact _____

Relationship: _____

Emergency Phone: _____

Total Number of Sessions Registered: _____

\$95 per session (\$5 sibling discount)

\$720 for all 8 sessions

Total enclosed: \$ _____

PAYMENT: (please check one)

• Cash • Check (Payable to ArtHaus)

• Credit Card ___ Visa ___ MasterCard

Credit Card Number

V code

Expiration Date

3 digit # on back of card

Signature of Cardholder

You can mail payment with this form to:

ArtHaus
P.O. Box 290232
Port Orange, FL 32129

You can fax credit card payments with this form to: 386-761-3888

You can drop off payments between 1-5 P.M. Monday-Friday to:

ArtHaus
3840 Ridgewood Ave.
Port Orange, FL
One block north of Dunlawton Ave.

Please call **386-767-0076** or visit www.arthaus.org for additional information.