



My ART School

Student age range: 4 to 18

Tel: (408) 823-8872, (408) 252-4155

7291 Coronado dr. Suite 9, San Jose, Ca 95129
(At the corner of De Anza Blvd. and HWY 85)

STUDENT' NAME: _____, AGE _____, MALE _____, FEMALE _____

PARENTS' NAMES: _____, _____

HOME PHONE: (____) _____, WORK PHONE: (____) _____, CELL: (____) _____

ADDRESS: _____, CITY: _____, ZIP: _____

EMAIL: _____

EMERGENCY CONTACT:

NAME: _____, PHONE (____) _____, OR (____) _____

* TUITION IS DUE BEFORE THE FIRST CLASS OF THE MONTH/QUARTER.
THERE WILL BE A **\$5.00 FINE FOR EACH WEEK OF DELAY.**

*WHEN MAKING TUITION PAYMENTS, YOU MUST PAY FOR
THE ENTIRE MONTH OF UPCOMING CLASSES BEFORE THE CLASS STARTS.

* ANY MISSED CLASSES SHOULD BE MADE UP WITHIN
4 WEEKS. THERE WILL BE NO REFUNDS FOR MISSED CLASSES.

PARENT'S AUTHORIZATION

I, THE UNDERSIGNED PARENT/GUARDIAN OF _____ (SAID
MINOR), GIVE PERMISSION FOR SAID MINOR TO PARTICIPATE IN MY ART
SCHOOL. I UNDERSTAND THAT BY SIGNING THIS AUTHORIZATION, I WILL NOT
HOLD MY ART SCHOOL LIABLE FOR ANY INJURIES INCURRED WHILE
PARTICIPATING IN PROGRAM ACTIVITIES IN WHICH I HAVE ENROLLED
SAID MINOR. I UNDERSTAND THAT MY ART SCHOOL IS NOT RESPONSIBLE
FOR PAYMENTS INCURRED DUE TO MEDICAL CARE FOR SAID INJURIES.

PARENT'S SIGNATURE: _____

DATE: _____

www.myartschool.com