

THE ARTPAD ENROLLMENT FORM

Name(s) _____ Grade this Fall _____

To help us verify our records, please list:

Class/Camp	Date	Time(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Who should we call, if need be, during class time? Please list 2 contacts with at least 2 numbers:

Adult 1: _____ Relationship to student: _____
Phones # _____ # _____ # _____

Adult 2: _____ Relationship to student: _____
Phones # _____ # _____ # _____

Who should we contact for enrollment and payment information?

Name: _____ E-mail: _____
Street address: _____
City: _____ State: _____ Zip Code: _____
Phones # _____ # _____ # _____

PHOTO RELEASE AGREEMENT

I, _____ Do Do not give The Art Pad permission to
Please Print

publish my child(ren)'s _____
photograph(s) and art work in print or on the website located at www.TheArtPadStudio.com.

By signing below, I acknowledge my understanding of the above statement and grant my permission for said use of photographs.

Signature of Parent/Guardian _____

Date _____

MEDICAL TREATMENT RELEASE

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Parent/Guardian: _____

Please Print

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize The Art Pad Camp to call 911 to provide my child urgent care.

Parent/Guardian
Signature _____ Date _____

Inquiring minds want to know, how you find The Art Pad?

I saw your ad in _____ ParentWise _____ Pecan Press _____ Rare Magazine _____ Austin Chronicle
_____ Austin Kids' Directory _____ Internet Search _____ Word of mouth
_____ Driving by on Burnet Rd. _____ Forward from a friend on line

Link from another website called _____
Flyer sent home from school _____ (school name)
Flyer on a bulletin board _____ (location)
Other _____

Send this form with your check or credit card info to: THE ART PAD, 4520 BURNET RD. AUSTIN, TX 78756

For secure credit card payments, write the *account number only*, then call, fax or email the expiration date & 3-digit security code. phone: 512-323-0802 fax: 512-323-2673 email: THEARTPAD@SWBELL.NET

Total \$ _____ Check# _____ VISA MC
Card # _____ exp. _____ 3-digit code _____