



OPEN STUDIO

FALL 2018 REGISTRATION FORM

Name _____

Address _____

Email _____

Grade _____ Age _____ School _____

Parent/guardian name(s) _____

Day phone _____ Cell phone _____

Email _____

Emergency contact name _____

Emergency contact phone number _____

I hereby give permission for my child to attend the Coleman Center for the Arts' after school Open Studio program. I understand that Open Studio entails using art-making, gardening, and cooking tools & materials including but not limited to cutting tools, hot glue, and paint. I will not hold the Coleman Center for the Arts, or any of their employees, associates, or volunteers, liable for any accidents, injuries, or other unforeseen harms incurred by my child at any time while participating in Open Studio. I give my permission for photographs and videos of and made by my child to be used in Open Studio promotional materials and on the Coleman Center web site and social media.

I also hereby give permission for my child to ride in any vehicle designated by Coleman Center for the Arts employees, associates, or volunteers for the purpose of attending and participating in Open Studio activities.

Parent/guardian signature _____ Date _____

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Open Studio will meet each **Tuesday from 3:30-5:30 pm from September 11-October 16**. Parents must pick-up students promptly by 5:30pm. Students are expected to act with respect, courtesy and consideration toward all members of Open Studio. Acts of violence, real or threatened, bullying, harassment or intimidation of any member of Open Studio will not be tolerated.