

10-11-12, 2017



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ARTSMART STUDENT REGISTRATION FORM one child per form please

CHILD'S NAME: _____

ADDRESS: _____

GRADE: _____ **BIRTHDATE:** _____

PARENT(S) NAME: _____

PHONE: _____ **ALT PHONE :** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

EMAIL: _____

PARENT'S SIGNATURE: _____

PLEASE NOTE ANY ALLERGIES, MEDICAL CONDITIONS OR OTHER PERTINENT INFO ON REVERSE.

From time to time, we take photos that may be shared via Facebook, website or local printed media. Children are not identified by name. Please initial here if it ok to use your child's image in such publications. _____

The person who drops the child off must be the one who picks them up, unless otherwise noted below:

Students may be signed out by authorized person(s) only.



**CLASSES ARE HELD ON SATURDAYS FROM 10AM-12NOON.
PLEASE ARRIVE 15 MINUTES PRIOR TO CLASS STARTING.
PARENTS ARE WELCOME TO STAY, BUT IT IS NOT REQUIRED.
PLEASE BE ON TIME FOR PICK UP AT END OF CLASS.
REFUNDS ARE ONLY GIVEN DUE TO INCLEMENT WEATHER.**



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