

# Follow the Mosaic Fish Path

## REGISTRATION FORM

Parent's Name: _____	Date: _____
Parent Address: _____	Phone: _____
City, State, Zip: _____	Email: _____
Emergency Name: _____	Phone: _____

ENROLLEES	First & Last NAME	BIRTHDATE mm/dd/yy	AGE
Child # 1	_____	_____	_____
Child # 2	_____	_____	_____
Child # 3	_____	_____	_____

SESSION LTR/NO.	SESSION BEGINNING DATE dd/mm and TIME	Child ('x' box)			SESSION COST **	TOTAL DUE
		1	2	3		
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

As PAYMENT in full for the above classes, I submit: \$ \_\_\_\_\_

**\*\* COST:** \$44 per session, with additional \$6 materials fee for Sessions F16, F17, F18

I understand I will receive confirmation of class registration by e-mail or postcard, and refunds will be granted only if the session is cancelled or Allied Arts finds another child to fill the place.

I give permission for my child to be photographed in class during Allied Arts Children's Summer Art Classes. These photos may be used for publicity, gallery exhibits and historical records.

I give permission for my child to participate in walking trips to Howard Amon Park and the riverfront for the Photography class.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_