

**CREATIVE SPACE  
CLASS REGISTRATION FORM**

**Name of Participant:** \_\_\_\_\_

**Session Dates:** \_\_\_\_\_

**Class Name:** \_\_\_\_\_

**Class Time:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Name of Parents:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**Cellular Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**My child may be released to the following people:**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Any relevant medical information: (allergies, regular medication, etc.)**

**Pediatrician:** \_\_\_\_\_ **Tel.#** \_\_\_\_\_

**How did you learn about Creative Space?** \_\_\_\_\_

There are no refunds for withdrawal from a class.

Creative Space is committed to providing a safe and secure environment for all children. In the event of injury or illness, Creative Space will make every effort to contact me, but if such contact is not forthcoming, Creative Space staff will be compelled to use their best judgment with regards to the health and safety of my child. Any such treatment or care shall be rendered at my expense. I hereby indemnify Creative space and any administrator or employee from any liability because of the exercise of such consent.

Makeup Classes: We allow one makeup class per session provided we get notice of an absence the night prior to the scheduled class.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date