

**BAY SCHOOL YEAR PROGRAM-Student Registration**

**To reserve a place, kindly circle your first choice of art session and return this completed form to the BAY with a deposit of $110.00, the yearly material fee, to hold your child’s place in the program. Classes are filled on a first come basis in the order in which *both* your registration and deposit were received. If your requested class is full, your material fee will be returned, and your child will be placed on a waiting list in the order that your registration was received. Deposits are non-refundable for dropped enrollment after the first month of classes.**

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| **Entering Grade**  **4** | **Entering Grades**  **5-6** | **Entering Grades**  **9-12** | **Entering Grades**  **7-8** | **Entering Grades**  **1-3** |
| **Gr 4 Monday 4:30-6:30pm** | **Tuesday**  **3:30pm - 5:30pm**  **or**  **6:00pm - 8:00pm** | **Wednesday**  **3:30pm - 5:30pm**  **or**  **6:00pm - 8:00pm** | **Thursday**  **3:30pm – 5:30pm or**  **6:00pm – 8:00 pm** | **Gr 1-2 Saturday 9-10:30am**  **Gr 3 Saturday 11-12:30pm** |
|  |  |  |  |  |

**YOUNG ARTIST INFO:**

**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_**

**School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_ Age:\_\_\_\_ Student Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN INFO:**

**Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Place:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME INFORMATION:**

**Street Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Zipcode:\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Home Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT INFO:**

**Allergies/Phobias:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Health Concern:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_**

If your child becomes ill or is seriously injured, and if there is time, the BAY will contact parents first. If you cannot be reached the first and second person we should contact are:

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In an emergency, you have given the BAY your permission to arrange for and approve emergency transportation and medical attention for your child by signing this form. In such an emergency the BAY will attempt to make contact with you as soon as is practical under the circumstances.

**PERMISSION:**

By signing this form you have given the BAY your permission to take photos of your student and his/her artwork to be used in the studio, to be sent home, to be sent to newspapers to announce achievements, and to be used in BAY advertising (newspapers, brochures, website, etc . . .) unless you cross out this section and initial it.

By signing this form you have given the BAY your permission to share your contact information with other parents who are interested in arranging ride-sharing or play dates unless you cross out this section and initial it.

**Parent Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about the BAY?**

**Internet Search: Brochure:**

**Facebook: Festival:**

**Instagram: Word of Mouth:**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**