



After School Art Registration

SHOPPES AT BOUGAINVILLEA * 1349 SW Gatlin Blvd * PSL * FL * 34953

772.971.7687

DATE of Registration: _____

1. Child's Name: _____ Age _____

2. Child's Name: _____ Age _____

CHOOSE DAY OF WEEK: *Check one* WEDNESDAYS _____ or THURSDAYS _____

ONE DAY DROP-OFF: *Check one* WEDNESDAY _____ or THURSDAY _____

START DATE: _____

MAILING ADDRESS:

Name: Mr. Mrs. Ms. _____

Street _____

City, State, Zip _____

EMAIL ADDRESS: _____

Mother/Guardian: _____ Home # _____ Work # _____

Father/Guardian: _____ Home # _____ Work # _____

In the event of an emergency, whom do we contact if we cannot reach you?

Name: _____ Relation: _____ Ph # _____

Name: _____ Relation: _____ Ph # _____

Medical or other information we need to know *(Include food allergies)*:

Who may pick up this child at the end of Day Camp?

Name: _____ Relation: _____ Ph # _____

Name: _____ Relation: _____ Ph # _____

****Written notice is required if your child is to leave with persons other than ones designated above**

1. I hereby give permission for my child to participate in this program and to participate in-house activities. INT _____

2. Appropriate behavior and respect for staff, property, and other children must be demonstrated by participants at all times. Failure to behave appropriately will result in dismissal from the program. INT _____

3. Your signature also gives Brushing on Bisque, LLC approval to use photos of your children in brochures, news articles in the Brushing on Bisques website. INT _____

My signature below is indicative of the fact that I have read and understood the information contained herein and agree to comply with same.

Parent's Signature _____ Print _____ Date _____

**** Do not write in this area, for Staff only****

5 WEEK PROGRAM / MEETING ONCE A WEEK \$ 125.00 plus tax AMOUNT \$ _____

ONE DAY DROP- OFF \$ 35.00 plus tax AMOUNT \$ _____

TOTAL AMOUNT PAID \$ _____

METHOD OF PAYMENT: CASH _____ CHECK # _____ CHARGE _____