

# The Studio School REGISTRATION

YEAR: \_\_\_\_\_  
TERM:  FALL  SPRING

Fill out one form per child. (Copies accepted.)

## STUDENT:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

## PARENT/GUARDIAN:

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Day: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Message: (\_\_\_\_\_) \_\_\_\_\_

Does your child have any special needs or health considerations? Include here any information about allergies, physical accommodations, seizures, or anything that you would like us to know about your child:

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**LEVEL:** Check one. Tuition covers materials cost.

I: (46538)  II: (46539) ..... \$95 ..... \$ .....

Library I.D. Card (optional) ..... \$5 ..... \$ \_\_\_\_\_

**TOTAL ENCLOSED:** ..... \$ \_\_\_\_\_

## PAYMENT METHOD:

Cash  Check (payable to **The Studio School**) CHECK # \_\_\_\_\_  Charter School P.O. # \_\_\_\_\_  
(Please attach invoice or billing information)

Credit Card:  Visa  MasterCard  Discover

Card Number:      -      -      Exp. Date (MO/YR):   /

Name on Card (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Note:** Full refunds of tuition money are not available after classes begin. Any withdrawal or dismissal prior to the third week of classes will entitle the parent to a 50% refund. Withdrawals or dismissals after the third week are not refundable.

**Waiting List:** Once maximum enrollment is reached, names will be added sequentially to a waiting list. Students and their parents will be notified of this fact before the first day of classes.

**The Studio School is responsible only for registered students at the time their class is being held.  
Parents: Please come into the building with your children and see that they get to and from class.**

## THE STUDIO SCHOOL

Extended Education • Humboldt State University

1 Harpst St. • Arcata, CA 95521 • Phone (707) 826-3819

Please complete the  
**RELEASE OF LIABILITY**  
on next page. Mail forms  
with payment to:

# The Studio School

## RELEASE AND WAIVER OF LIABILITY

In consideration of my child's participation in The Studio School, and intending to be legally bound, I indemnify and hold harmless Humboldt State University, Humboldt State University Sponsored Programs Foundation and its agent or agents for any liability arising out of or in any way connected with my child's participation in this program. I give my permission for my child to be photographed/video taped for public service announcements and/or other promotional purposes for Humboldt State University.

I have read the above waiver agreement, and fully understand that I assume all risks for any injuries received in connection with my child's participation in this program. In addition, I understand that classes are held on the premises of the Art Building at Humboldt State University in Arcata and at the Morris Graves Museum of Art in Eureka and that included in this is the risk my child will see works of art with mature themes. I acknowledge and accept responsibility for this possibility.

I authorize The Studio School to take the necessary action to protect the well being of my child in case of emergency if I am unable to be reached.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Information:

Health Plan: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Group Number: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_