



Name _____

Summer Portfolio Prep 2017 / Registration Form

Student Information

Please print all information. One form per student.

Student's Last Name _____ First _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Date of Birth _____ Male Female

School _____ Grade _____

Email address _____

Parent's Name	Parent's Name
Home Phone	Home Phone
Business Phone	Business Phone
Cell Phone	Cell Phone

Session Information

Monday to Friday; 10:00am to 2:30pm

H.S. Portfolio Prep

Two weeks: August 14-25 Fee: \$ 1,500

Includes supplies, model fee, portfolio review, mounting, labeling, photographing two 3D pieces, and case.

Payment Information

A non-refundable deposit of \$ 300 must be enclosed with this form. Balance is due prior to July 14, 2017.

Check made payable to Wet Paint Art Studio

Session Fee:	\$ _____ \$ 1,500
Deposit: (\$ 300 minimum)	\$ _____
BALANCE:	\$ _____

Parent/Guardian Signature _____ Date _____

REGISTRATION CHECKLIST:

- _____ Complete Registration Form
- _____ Complete payment information section
- _____ Complete Release Form

Return forms, with check-deposit made payable to Wet Paint Art Studio:

**Summer Portfolio Prep / WP Art Studio
118 Chambers St., #2
New York, NY 10007**

Name _____

Summer Portfolio Prep 2017 / Release Form

Information & Release Form

STUDENT'S NAME _____ AGE _____

PHONE Home: _____ Day _____

PARENT / GUARDIAN'S NAME(S): _____

ADDRESS: _____

EMERGENCY CONTACTS (other than parent/guardian):

Name	Relationship	Telephone

USUAL WAY OF GETTING TO STUDIO:**With:**

Name	Relationship	Phone

Name	Relationship	Phone

Alone: Walking Public Transportation**USUAL WAY OF GETTING HOME from STUDIO:****With:**

Name	Relationship	Phone

Name	Relationship	Phone

Alone: Walking Public Transportation**OTHERS WHO MAY PICK UP YOUR CHILD (If different from Emergency Contacts):**

Name	Relationship	Telephone

Note: Please notify our studio if the above changed by sending a note with the student. Wet Paint! Art Studio cannot assume responsibility for transportation/supervision between home and studio before or after program hours.

Authorization & Release Information

Medical Release - In case of emergency, I hereby authorize the doctor or the hospital to which my child or children may be brought (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child during his/her stay in camp. **I hereby give permission for my child to participate in all program activities and outings as part of the Wet Paint! Art Studio summer portfolio prep program.**

It is the firm hope that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parent/guardian of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will be used **only where absolutely necessary and only after every attempt has been made first to contact the parent/guardian.**

We find that doctors and hospitals refuse to give any treatment, regardless of how minor, unless they have authorization from the parents/guardians. As you know, time can be a factor in being of assistance to your child where medical attention is needed, and this would assure us that no time would be lost in giving immediate attention. This authorization will be kept on file at Wet Paint! Art Studio and will accompany the program leader during outings.

Photography Release - I give permission for my child's picture to be used by Wet Paint! Art Studio in future promotional material. (e.g. program calendar, brochure, video, website, etc.) and for the portfolio prep program to distribute my home address and phone number to other program families.

By my signature, I hereby certify that all above information is approved and correct unless otherwise indicated.

Parent/Guardian Signature: _____

Date _____