

# REGISTRATION FORM: KALEIDOSCOPE CREATIONS ART CLASSES

1. Name of student: \_\_\_\_\_

2. I.D. (only students above 16 years) \_\_\_\_\_

3. Name of parent if child is under the age of 18 years \_\_\_\_\_

4. Age of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5. P.O.Box \_\_\_\_\_ City: \_\_\_\_\_

6. Cell phone number: \_\_\_\_\_

7. Landline: \_\_\_\_\_

8. E-mail address: \_\_\_\_\_

9. Home Address: \_\_\_\_\_

10. OPTION (Day/Time:) \_\_\_\_\_

**NB - Other information we need to know:** (E.G. chronic medication, seizures, diabetes, etc.) \_\_\_\_\_

Please note:

- Although every effort is made to ensure the protection and safety of property and person, Birgit Böck and/or Kaleidoscope Creations cc does not accept liability for injury/damage to person or property on or off site for any reason whatsoever. It is the responsibility of the student to ensure their own safety and protection of person and property.

- All artwork will be used for advertising purposes. Only first names will be used, in order to protect your identity. If you do not return this marked sheet, it will be accepted that you agree to both the art work and the students photograph being used.

I consent / I do not consent to my/my child's photograph being used together with the artwork for advertising purposes. *(Please cross out what is not applicable, or circle what is applicable).*

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

Date: \_\_\_\_\_