Ms. Netty’s Creative HeArT Registration

Form

Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Age/Grade \_\_\_\_\_\_\_\_\_\_\_

Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What day would you prefer your child to attend this workshop? (please circle one)   
\*Time to be determined based on season

*Monday Thursday Friday*

Please list any allergies or medical concerns I need to be aware of:

Do I have permission to photograph and/or take videos of your child in the work process? These will be posted on either my workshop website, my Facebook page, or Instagram.    Yes          No

Please Print and Sign your name below:

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please email to: msnettyscreativeheart@gmail.com

If you would like to mail it along with your payment, please contact me at 845-283-2366 for more information.

\*\*\*Payments must be received before first workshop\*\*\*