

Rivellino School of Art • Registration Form

Date _____

Student Name _____ Birthday ____/____/____ Grade _____

Address _____ City _____ ZIP _____

Home Phone _____ Cell _____ Other _____

eMail _____

NOTES:

- A filled out and signed Medical Form must be submitted by registration deadline.
- All changes and cancellations prior to the cancellation date are subject to a 10% fee.
- All changes and cancellations AFTER the cancellation date are subject to a 50% fee.
- No refunds or credits after cut off date (three days before first class).
- Classes with fewer than three registered students are subject to cancellation and 100% of fees will be refunded.
- Print a separate form for each student if registering more than one.

In the first box, write a "1" for SESSION 1 or a "2" for SESSION 2.

CLASS ____ - _____ Day _____ Time _____ Fee _____

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CLASS ____ - _____ Day _____ Time _____ Fee _____

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CLASS ____ - _____ Day _____ Time _____ Fee _____

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Balance must be paid in full prior to first class (unless other arrangements have been approved) **Total** _____

OFFICE USE ONLY:

Date _____ Paid \$ _____ Check # _____ Balance _____

Date _____ Paid \$ _____ Check # _____ Balance _____

Date _____ Paid \$ _____ Check # _____ Balance _____

Please indicate any special needs, disabilities, or allergies here (or write "NONE"):

I certify that all of the information above is accurate and understand that students will not be allowed to continue in class and tuition will not be refunded if any inaccurate information is provided.

Signed _____ Print Name _____ Date _____

Emergency Information and Policy Notice

Rivellino School of Art (847) 383-6673

216 Robert Parker Coffin Road, Long Grove, IL 60047

Emergency information must be completed and signed for students from age 4 through age 18.

Adults need not fill out this form. We will keep this information on file. Please let us know immediately if there are changes to telephone numbers or any other information. Rivellino School of Art strives to maintain a safe and positive learning environment for all students.

Student Name _____ Birthday ____/____/____ Grade _____

Address _____ City _____ ZIP _____

Home Phone _____ Cell _____ Work _____

Emergency Procedure:

In the event of an emergency, we will call 911 paramedics and transport (if needed) to nearest hospital.

If a parent is not available, we will notify the person(s) and/or doctor listed below:

Friend / Relative _____ Work Phone _____ Cell _____

Friend / Relative _____ Work Phone _____ Cell _____

Doctor _____ Phone _____

With my signature, I the parent, herein authorize emergency medical care Yes No

If you have answered "No" above, you must indicate below the procedure to be followed in the event that your child should need medical attention:

Please indicate any special needs, disabilities, health concerns or allergies here (or write "NONE"):

I certify that all of the information above is accurate and understand that students will not be allowed to continue in class and tuition will not be refunded if any inaccurate information is provided.

Signed _____ Print Name _____ Date _____