

Doodlebugz Studio Art Camp Registration

Child's Name: _____ DOB _____ Grade: ____
Second Child's Name: _____ DOB _____ Grade: ____
Mailing Address: _____
Home phone: _____ Email: _____
Mother's Name: _____ Cell phone: _____
Father's Name: _____ Cell phone: _____

Notify in case of emergency (if unable to reach parents)~**REQUIRED**
Name: _____
Phone: _____

Does your child have any food or other allergies? _____

Who will be picking up your child from the program? _____

Please have your child read the following safety rules for the Studio:

- ❖ I will use walking feet at all times in the studio.
- ❖ I will use listening ears at all times in the studio.
- ❖ I will be respectful and considerate of my own and other peoples' work.
- ❖ I understand that the project that I make will change during the firing process.

In addition,

- ❖ Pictures of your child and/or his/her projects may be taken for marketing purposes (use on the web, newsletters, advertising, slide shows, etc.)
- ❖ No refunds will be given for absences due to illness, however up to one "make-up" class will be allowed in a similar program and any pre-paid supplies that you purchase can be used by anyone in your family.

Parent's Signature: _____

Please make checks payable to: Doodlebugz Studio, LLP

Mail , Email or Deliver completed registration form and payment to: Doodlebugz Studio

Attn: Tammy Jones PO Box 701 Rollinsford, NH 03869

Questions? Call 603-749-1049 or Email: Tammy at doodlebugzstudio@gmail.com

**Please note -A 50% deposit is required with registration form. To hold your child's place in the program. Payment in full is expected at the start of camp.