

ArtSpark Registration

Name _____ School _____

Grade _____ Classroom Teacher _____ Allergies _____

Address _____

Parent/Guardian Name _____

Email _____ Phone _____

Emergency Contact other than Parent/Guardian:

Name _____ Phone _____

Choice of Six Week Sessions: Please check school and session/s. All supplies included. Scholarships are available*.

Session 1 **Painting and Drawing** **\$120.00**

_____ Jeremy Ranch Monday Sept 14 – Oct 19
_____ McPolin Tuesday Sept 15 – Oct 20
_____ Trailside Wednesday Sept 16 – Oct 21
_____ Parley's Park Thursday Sept 17 – Oct 29

Session 2 **Sculpture** **\$120.00**

_____ Jeremy Ranch Monday Oct 26 – Nov 30
_____ McPolin Tuesday Oct 27 – Dec 1
_____ Trailside Wednesday Oct 28 – Dec 9
_____ Parley's Park Thursday Nov 5 – Dec 17

Session 3 **Textiles** **\$120.00**

_____ Jeremy Ranch Monday Jan 4 – Feb 22
_____ McPolin Tuesday Jan 5 – Feb 9
_____ Trailside Wednesday Jan 6 – Feb 10
_____ Parley's Park Thursday Jan 7 - Feb 11

Session 4 **Printmaking and Mixed Media** **\$120.00**

_____ Jeremy Ranch Monday Mar 1 – Apr 12
_____ McPolin Tuesday Feb 23 – Mar 30
_____ Trailside Wednesday Feb 24 – Mar 31
_____ Parley's Park Thursday Feb 25 – April 1

SUBTOTAL _____

Second Child Discount minus \$20 each session _____

TOTAL _____

Please make checks payable to Spiro Arts/ARTSPARK

Please send completed registration form + check to:

**Spiro Arts/ARTSPARK
c/o Susan Parker
13193 Slalom Run
Deer Mountain, UT 84036**

WAIVER OF LIABILITY

I give permission for my child, _____ to participate in the ARTSPARK after school program at his/her school. In the unlikely event of an emergency, I give my permission for my child to be treated by an accredited physician or dentist in an approved emergency clinic or hospital. I further release from liability Spiro Arts at Silver Star and ARTSPARK and it's officers and leadership and instructing staff in the event of any accident during this program. The parents or guardians understand that they are signing for the minor listed on the registration form and the signature is for both a medical and liability release.

PHOTO RELEASE

yes, I give Spiro Arts and ARTSPARK permission to publish in print, electronic, or video format the likeness or image of my child as well as reproductions of images created by my child for promotion and fundraising purposes and release all claims against Spiro Arts and ARTSPARK with the respect to copyright ownership and publication including any claim for compensation related to these materials.

no, I prefer that my child not be photographed or videotaped for any reason while attending the ARTSPARK program.

POLICY

Children will bring their own snack and drink. ARTSPARK follows the Park City School District calendar. When school is cancelled for any reason, ARTSPARK will be cancelled for that day.

I have read & understand all of the above information regarding the ARTSPARK program and agree to abide by it.

Pick up arrangement: _____

Parent/Guardian Signature

Date

Please call our art teachers with any questions:

Susan Parker 802.878.7426 svparker7@yahoo.com
Anita Slevin 435.513.0739 anisle.art@gmail.com

* Please call art teachers for information about scholarship availability.