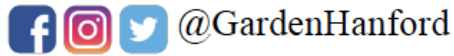


# Children's Storybook Garden & Museum

www.childrensstorybookgarden.org  
storybookgardenoffice@gmail.com



175 E. Tenth Street  
Hanford, CA 93230  
(559) 500-9966

**ART: Tuesdays, Spring Semester (Jan-May, 2022) 4:15-5:15 pm**

**Cost: \$60/4 class session member :: \$68/4 class session non-member**

Child's Name: \_\_\_\_\_ Child's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_

Student's grade level (or equivalent): (circle) K / 1st / 2nd / 3rd / 4th / 5th / 6th / 7th / 8th / 9th / 10th / 11th / 12th

Parent/Guardian Name: \_\_\_\_\_ Member: Yes No

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The following adults have permission to drop-off & pick-up my child (ID will be required):

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

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

My child has the following health conditions and/or allergies: \_\_\_\_\_

Please share any additional information or special considerations we should be aware of to support your child:

What additional information do we need to know about your child? \_\_\_\_\_

1. I give permission for my child to participate in all activities.
2. I give permission for my child to be under the care and responsibility of Children's Storybook Garden & Museum staff.
3. I give permission to CSGM staff to administer emergency medical treatment to my child in the event that it is necessary.
4. I give permission for my child to be photographed or recorded for print or electronic use for promotional purposes. I understand there will be no payment for me or my child to participate.
5. Fees are non-refundable. There are no make-up sessions.
6. Please make sure your child is dressed appropriately; send water, sunscreen, sunglasses, & hat. We will spend most of our time outdoors, but on rainy days we will be inside.
7. Projects will be sent home with your child. Please let us know at the beginning of the semester if you need anything more from us for your child's school or program.
8. Students from local colleges may observe our classes. They will not be provided with any identifying information for your child. These observations are solely for educational purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Paid in full: Yes No

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

CC Online Cash

Payments: \_\_\_\_\_

Staff initials \_\_\_\_\_

## Art Spring 22

(Student Name)

\*Parents: If you'll initial in the attendance column, we'll take care of everything else.

	Date of payment	Amount Paid	Class Dates	Class Cost	Attendance (Parent initials)	Balance	Notes
	12/1/21	\$50	12/1	\$25	AB	\$25	St was picked up 5 minutes early
			12/7	\$25	AB	0	St will be on vacation next week
1			1/11				
2			1/18				
3			1/25				
4			2/1				
5			2/8				
6			2/15				
7			2/22				
8			3/1				
9			3/8				
10			3/15				
11			3/22				
12			3/29				
13			4/5				
14			4/19				
15			4/26				
16			5/10				
17			5/17				
18			5/24				

