## Please Return Registration form and payment Check –payable to Jenifer Davis. PayPal: paypal.me/jeniferdavispottery

##  **Please Return**: One week before the first day of class

## Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location\_\_\_\_\_\_\_\_\_\_ Dates \_\_/\_\_-\_\_/\_\_\_

## CLASS REGISTRATION FORM

Incomplete, Illegible or Late Registration will not be processed. Limit to first 25 students to turn in complete application with payment.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- |
| *Today’s Date:*  | *PayPal Confirmation # Check#* |

*INFORMATION*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Student First Name:*  | *Last:*  | *Parent:*  |  | *Grade:* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Siblings Attending Class Grade Teacher*  |  |  | *Age:* | *Sex:* |  |
|  |  |  |  |  |  |

*All Communication will be done by e-mail. Registration with Invalid or Incorrect e-mail will be returned* ***E-Mail:***

|  |  |  |
| --- | --- | --- |
| *Teacher:* | *Primary Phone Number:* | *Alternate Phone Number:* |
|  |  |  |

 *Allergies:**IN CASE OF EMERGENCY*

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of local friend or relative (not living at same address):* | *Relationship:* | *Home phone no.:* | *Work phone no.:* |
|  |  |  |  |

*The above information is true to the best of my knowledge. By Signing this form I agree to the requirements below. If there are any Questions Please feel free to call or text the instructor 253-471-1312*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | *Patient/Guardian signature* |  | *Date* |  |

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Application Received: Payment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important Class Information:

Class is limited to first 25 students to turn in complete application with payment. If the class is full that you will be offered a spot in an upcoming class or a refund will be issued.

 Please note that Art is a hands on, fun, and messy experience, If you choose you may send your child with a large adult t-shirt to cover their clothes. Care will be taken not to stain clothes, understand sometimes accidents happen.

Students must be picked up promptly at 4:45 In the Cafeteria (You will be notified where the class will be held before the first day of class) A $5 late pick up fee will be requested for parents later than 5:10

If Person other than Parent is picking up student the instructor must receive a note or call from parent

Please Call the instructor at 253-471-1312 or e-mail Jen.the.potter@outlook.com if there are any questions or concerns

No Refunds will be issued for student absences or illness.

If Instructor has to cancel due to Illness a make-up day will be arranged.

Snow Day Cancelations will have a make-up day arrangement.

All projects are safe for food and all materials used are NON-TOXIC

CANCELLATIONS & REFUNDS POLICY We reserve the right to cancel a class if the minimum enrollments are not met. If this should happen, you will be notified and at which time will be offered the option of enrolling in another class (based on availability) or a full refund.

To cancel your registration and receive a refund, we must be notified at least 5 days before the start date of class. If we are given the required 5 days’ notice, we will refund your payments minus a cancellation fee of $10. No refunds will be issued for cancellations made within 5 days of the start of the workshop.

All Communication will be done via e-mail, Project Updates, Changes in Schedule, Ect…

 Please double check to insure that your e-mail address is correct. You will receive a conformation e-mail with additional information from the instructor when registration is processed.