



# WELLART Registration Form

142 Boggs Hill Road Newtown CT 06470-1969 (203) 304-8340 wellarttherapy@gmail.com

Please print form and fax to (203) 304-8328 or mail with payment to address above

\*Class sizes limited to 6 to ensure specialized individual attention

\*Note: For 3 hours sessions children should bring a snack and drink

### Student / Client Details

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name in Full: \_\_\_\_\_

Address: \_\_\_\_\_

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

Allergies / Special Notes: \_\_\_\_\_

### Parent / Guardian Details

Parent / Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Program	Dates	Time	Fee

### Terms & Conditions

I understand that WellArt will make every effort to protect the safety of my child.

#### Complete Registration

You are enrolled in a class once your registration form and fee are received. If you have questions or would like to confirm your registration you can call or email.

#### Refunds

Checks are returned if a class has been cancelled or filled. Full refunds are given up to five days prior to the first day of a class or workshop.

#### No Partial Refunds

No partial refunds are given within five days of the start of a class or workshop.

**Make Check payable to: Elizabeth Madden** (Checks are not cashed until enrollment has been established)

I have read and agree to the policies above.

Parent / Guardian Name: \_\_\_\_\_ (print)

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