

Indigo Impressions LLC

Creative Expressions Kid's Club & Parent Learning Program©

PO Box 501, 28 Hickory Bend, NY

Please return full tuition and this completed form before the program starts to:

Indigo Impressions LLC, PO Box 501, Speonk, NY 11972-0501

*** Checks Payable to Diane Renna or Pay with PayPal @ www.IndigoImpressions.net**

RATES: Ages 5-9 (8-1 ½ hrs kid's club class & 1 parent group) \$185

Note: Kid's Club Dates: Fridays – 4/4, 4/11, 5/2, 5/9, 5/23, 5/30, 6/6, 6/13 @ 6-7:30pm

Parent Learning Date: Fridays – 5/16 @ 6:30pm

RATES INCLUDES: Registration, Supplies, Insurance, snack, and Parent Learning Group (with parents only) & Parent Informative Handouts & occasional guest speakers (no class 4/4 & 4/25)

Child's Name: _____ Nickname: _____ Age: _____

DOB: _____ School & Town: _____ Grade: _____

Parent/Guardian Name: _____

Street Address: _____

Mailing Address: _____ Email: _____

Parent/Guardian Home Phone: _____ Cell or Work Phone: _____

Program Rules:

1. Parent /Child will respect fellow parents, children and instructors/staff.
2. Parent /Child will participate in all of the activities to the best of their ability.
3. Parent /Child will act in a safe and responsible manner.
4. Parent /Child will have fun at the program & keep personal information about others private.
5. **Full session program/camp paid for in advance. No refunds or make-ups for missed session unless cancelled by Indigo Impressions LLC/Diane M. Renna.**

I have read the Creative Expressions Kid's Club & Parent Learning Program© rules, and my child and I will abide by these rules. We understand that the Creative Expressions Kid's Club & Parent Learning Program© staff has the right to remove any person from the program that does not abide by these rules. If we are asked to leave, we understand that our tuition is nonrefundable.

Child's Printed Signature (if applicable) & Date

Parent/Guardian Signature & Printed Name & Date

Photography Release:

I authorize the Creative Expressions Kid's Club & Parent Learning Program©, Diane M Renna and Indigo Impressions LLC, to obtain, store, and/or use (without payment) any photographs, slides, and/or videotapes of my child for public relations, marketing/advertising, and/or internal training purposes.

Parent/Guardian Signature & Date

O check if you do not wish to agree to photography clause above and sign above and put an "x" over "Photography Release" statement.

Liability Waiver: *(Must be signed in order to participate in the program)*

I _____ am the parent/legal guardian of _____ ("Child"). On behalf of myself and my Child, and our respective heirs, we acknowledge and agree that there is a risk of serious injury and/or loss associated with Child and Parent/Caregiver's participation in the Creative Expressions Kid's Club & Parent Learning Program© (the "Program"). As a condition of Parent/Caregiver and Child's participation, we assume that risk and forever waive and agree to hold Indigo Impressions LLC (& Diane M. Renna) and their families, affiliations, shareholders, directors, officers, employees, and agents harmless from any and all claims, liabilities, and/or damages arising out of Parent/Caregiver and Child's participation in the Program and related topics Parent/Caregiver decides to try and implement at home with Child (and other children) that they may have learned by participating in the Program. I understand that my Child and I will not be permitted to participate in the Program without signing this Agreement.

I, the Parent/Caregiver, am responsible for administering any medications, supplements, inhalers, EpiPens®, etc and it is my responsibility to monitor my Child and be aware of any medical concerns for my Child during the Program and will bring whatever medications, supplements, inhalers, EpiPens®, etc. they need to take while attending the Program.

Parent/Guardian Signature & Printed Name & Date

List any special needs or diet restrictions or important information about you and your child's medical history/behavior (if needed you can attach another sheet or write goals of an IEP):

Is there anything specific we can do to help make you and your child's experience more successful/fun?

I confirm that the information provided is accurate and complete. _____

Parent/Guardian Signature & Date