

Galaxy Art Group

4988 Paseo Padre Pkwy, Fremont, CA94555
7485 Village Pkwy, Dublin, CA94568

510.818.9806
925.828.1082

Enrollment Form

Student Name _____ 中文 _____ Grade _____

School _____ Phone _____

Home Address _____

Guardian's Name _____

Parent Email _____

Interest: Acting Sound/Lighting Stage Set-up

Costume Make up Marketing Website

Payment Option: One payment \$950

Two payments of \$480

Return Policy

There is no refund given after class starts. A full refund will be given with 7 days notice and \$20 handling fee will be added.

Missed Class

If you miss a class due to a medical reason, bring in a doctor's note no later than 2 weeks after the missed class, we will issue a class credit that can be used toward the next session.

By signing the enrollment form, I acknowledge the refund policy and materials needed for the class. Once class starts, no refund will be granted.

- I HAVE READ THE ABOVE AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURY RECEIVED. I hereby grant permission to take my or my child's photo to use for publicity.
- I GIVE PERMISSION TO CREATIVE KIDS FOR ANY NECESSARY MEDICAL CARE TO BE GIVEN TO MY CHILD IN CASE OF AN EMERGENCY/ACCIDENT. I AGREE TO TAKE FULL RESPONSIBILITY FOR THE COSTS OF ANY TREATMENT PROVIDED.

Signature _____ Date _____