



**INDIVIDUAL CLASS REGISTRATION**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Guardian Name:** (if applicable) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Emergency Contacts:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home/Work Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home/Work Phone:** \_\_\_\_\_

**Are there any medical conditions or allergies we should be aware of?** \_\_\_\_\_

\_\_\_\_\_

**Do we have permission to provide basic first aid (bandages, ice, etc.)?**  Yes  No

**Who should we contact regarding class cancelations or rescheduling?** \_\_\_\_\_

**Best way to connect?**  text  email  phone

**What goals do you have for class, if any?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## PAYMENT AGREEMENT [OPWDD Self-Determination Plans]

I request that Spotted Rabbit Studio provide creative arts classes with the understanding that payment for such services is expected within 4 weeks of invoice submission unless other payment processes are agreed on in writing. Accepted forms of payment include cash, check\* and credit card. If payment is not made within this timeframe, and other arrangements have not been negotiated, classes will cease until the balance is paid in full. *\*Please note that there is a \$15 charge for any returned checks.*

\_\_\_\_\_ is Registered for the Following Class(es) at a rate of \$45 per hour.

Spotted Rabbit Studio will invoice your FI on your behalf at the conclusion of each service month. In order to do this the following information must be provided in addition to a detailed copy of your FI's billing/payment policy.

FI Name: \_\_\_\_\_ FI Agency \_\_\_\_\_

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

FI Phone \_\_\_\_\_ FI Fax \_\_\_\_\_ FI Email \_\_\_\_\_

**If there is any change in FI or your budget funds it is your responsibility, not the FI, to notify Spotted Rabbit Studio in writing. Any reimbursement that is rejected for such reasons will be billed directly to the client's Legal Guardian.**

**CANCELATION POLICY:** Since the scheduling of a class involves the reservation of time specifically for you a minimum of 24 hours notice is appreciated for re-scheduling or canceling a class. **Please contact us by phone or text at (585) 430-9877 or by email at Sarah@SpottedRabbitStudio.com.** If multiple classes are missed (not due to unexpected illness or emergency) an in-person meeting may be required to address attendance prior to additional classes being scheduled. You may terminate attendance at any time, however this does not negate your financial obligation to pay for previously rendered services.

**RELEASE AGREEMENT:** By registering you agree to the following: Although every effort is made to provide a safe environment, I recognize there is always a risk of accident. By submitting registration, I agree to be responsible for any medical bills incurred resulting from illness or injury during my participation at Spotted Rabbit Studio. Students are expected to carry their own accident and medical insurance. I release Spotted Rabbit Studio from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, I authorize Spotted Rabbit Studio to administer first aid and/or authorize medical treatment.

**DRESS CODE:** Please keep in mind we are a hands-on art studio. Students should wear clothes appropriate for the activity they plan to engage in, especially if it involves painting, ceramics, and/or woodworking. Spotted Rabbit Studio is not responsible for clothing damaged during participation in individual classes. Woodworking students must wear closed toed shoes and long hair must be pulled back.

Client \_\_\_\_\_

Date \_\_\_\_\_

(Signature) \_\_\_\_\_

Personal Representative or Guardian \_\_\_\_\_

Date \_\_\_\_\_

(Signature) \_\_\_\_\_

Relationship to Client \_\_\_\_\_



Sarah Beren, LCAT, Director

115 Metro Park, Rochester, NY 14623  
phone (585) 430-9877 | fax (585) 486-5772

## PHOTOGRAPH/ARTWORK CONSENT

I, \_\_\_\_\_, hereby authorize Spotted Rabbit Studio to use photographs taken of \_\_\_\_\_ and/or related artwork in educational, informational, and promotional materials as described below:

- |  |   |
|--|---|
| <input type="checkbox"/> Artwork Only                  | <input type="checkbox"/> Spotted Rabbit Studio Facebook           |
| <input type="checkbox"/> Artist & Artwork              | <input type="checkbox"/> Spotted Rabbit Studio Website            |
| <input type="checkbox"/> Please use my first name      | <input type="checkbox"/> Spotted Rabbit Studio Brochures & Flyers |
| <input type="checkbox"/> Please keep my name anonymous | <input type="checkbox"/> Fundraising Campaigns                    |
|  | <input type="checkbox"/> Grant Applications                       |

Name \_\_\_\_\_

Date \_\_\_\_\_

(Signature) \_\_\_\_\_

Personal Representative or Guardian \_\_\_\_\_

Date \_\_\_\_\_

(Signature) \_\_\_\_\_

Relationship to Client \_\_\_\_\_