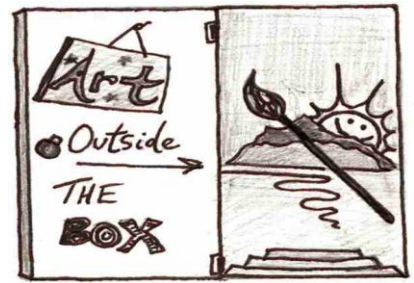


Attention aspiring artists and nature enthusiasts:

# OUTSIDE ART is back!

New after-school classes begin September 23rd!



Express yourself through nature and life-inspired art!  
Learn to draw and paint with different styles, materials & techniques.  
Discover nature through art!



Wednesdays, 3:10-4:10pm, Grades 1-8  
only \$30 per student a month, including materials!

Visit [www.outsideartlessons.com](http://www.outsideartlessons.com) or call 991-7191 for more information.

## OUTSIDE ART Student Registration Form

*This form is due to the school office by September 21<sup>st</sup> with the first month's check of \$30 payable to Aesthetic Alternatives. All payments hereafter will be due to Ms. Malosh, the teacher on the first lesson of each month. Please note that here are no prorated fees or refunds for absences.*

Student Name:\* \_\_\_\_\_

Grade, Teacher and Age: \_\_\_\_\_

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

Zip code: \_\_\_\_\_

Parent/Guardian Name(s): \* \_\_\_\_\_

Separate Households? (circle one\*) yes no

Parent(s) Work Phone:\* \_\_\_\_\_ Parent(s) Cell Phone: \* \_\_\_\_\_ Home Phone:\* \_\_\_\_\_

Parent Emails:\* \_\_\_\_\_

Emergency Contact: \* \_\_\_\_\_ Emergency Contact phone # \_\_\_\_\_

Names of those authorized to pick-up your child:\* \_\_\_\_\_

Does your child have a medical condition or allergies? If so, please explain \_\_\_\_\_

Is your child taking any medications? \_\_\_\_\_

Doctor's Name:\* \_\_\_\_\_ Doctor's Phone:\* \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_ Bank & Check # \_\_\_\_\_ (payable to Aesthetic Alternatives.)

*By signing this registration form, the parent(s)/guardians of the student listed above hereby and forever discharge, release, and hold harmless, Dawn Malosh and Aesthetic Alternatives from all liabilities and law suits regarding any damage, loss, or injury resulting from the child's participation in Outside Art Lessons. In case of an emergency and if we cannot be reached, I do hereby authorize Dawn Malosh consent to determine any medical treatment or care deemed advisable for my child. I understand that if the emergency is deemed life-threatening, paramedics will be called first.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date