

BROOKLYN DESIGN LAB

design+art classes for children

SUMMER LAB REGISTRATION FORM : FOR STUDENTS ENTERING GRADES K-2

Name	Age	Entering Grade
Parent/Guardian Name(s)	Address	Home Phone
Cell Phone 1	Cell Phone 2	Email
Emergency Contact Name(s) and Phone(s)		
Person(s) Authorized to Pick Up My Child and Phone(s)		
Allergies and Medical Concerns		

CIRCLE SESSION(S) BELOW

Enrollment is first-come, first-served

- Week 1 July 18-22
- Week 2 July 25-29
- Week 3 August 8-12
- Week 4 August 15-19

RESERVE SPACE

Return this form with a one week deposit (\$220) for each child with balance due June 1, 2011. Tuition is refundable only if registration is cancelled before June 1, 2011 (minus \$25 non-refundable cancellation fee). In the event BDL cancels your registered class due to low enrollment, you will be notified as soon as possible and refunded. There are NO MAKE-UPS in Summer Lab classes.

Sessions are 5 classes per week, Monday-Friday, 9am-11am
 \$200 + \$20 materials fee (includes sketchbook and portfolio)
 Discounts on multiple weeks (\$20 per additional week per child)

- 1 WEEK : \$220
- 2 WEEKS : \$420
- 3 WEEKS : \$620
- 4 WEEKS : \$820

NUMBER OF WEEKS _____
 TOTAL AMOUNT DUE _____
 TOTAL (Deposit) AMOUNT ENCLOSED _____

MAKE CHECKS PAYABLE TO "BROOKLYN DESIGN LAB" AND
 MAIL COMPLETED REGISTRATION FORM TO:
 Amy Yang / Brooklyn Design Lab : 409 13th St #2 : Brooklyn, NY
 11215

I _____, am the parent/guardian of _____.

I authorize Brooklyn Design Lab and its instructors or staff to supervise and escort my child on all trips. I release and discharge Brooklyn Design Lab and its instructors or staff from any and all liability for injury or damages to person and/or property created by negligence or otherwise while participating in all excursions. I hereby release, discharge and hold harmless Brooklyn Design Lab, and any of its instructors, teachers or staff from any claims and all claims whatsoever, including but not limited to any claim of negligence or gross negligence that could otherwise be asserted arising out of or relating to any injuries physical or emotional that may result to my child while participating in any Brooklyn Design Lab activity, or as a result of such activities. I do hereby give authority to Brooklyn Design Lab and its instructors or staff to obtain the necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible. I will be responsible for all emergency medical or other health care services that my child may need as well as any and all follow-ups that medical staff deems necessary.

I have read and agree to the above waiver as well as the refund, make-up, and cancellation policies.

Please Print Your Name	Your Signature	Relationship to Child	Date
------------------------	----------------	-----------------------	------

www.brooklynlab.org : 413A 7th Ave, Brooklyn NY 11215 : info@brooklynlab.org : 917.657.7441