

REKA ARTS LLC – STUDENT REGISTRATION FORM

Program: Reka Arts – Kids Art Classes

Location: 1123 S Central Pkwy, Mountain House, CA 95391

1. Student Information

Student Full Name: _____

Date of Birth: _____ Age: _____

Grade (optional): _____

2. Parent / Guardian Information

Parent/Guardian Name: _____

Primary Phone Number: _____

Email Address: _____

Home Address: _____

3. Emergency Contact (Required)

Emergency Contact Name: _____

Relationship to Child: _____

Phone Number: _____

4. Medical & Safety Information

Does your child have any of the following? (Check all that apply)

- Allergies (food, environmental, etc.)
- Medical conditions
- Special needs or accommodations

If yes, please explain:

5. Pick-Up Authorization

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

6. Class Preferences (Optional)

Preferred days/times #1: _____

Preferred days/times #2: _____

Experience level:

Beginner Intermediate Advanced

7. Additional Notes

Anything else we should know about your child:

8. Agreement

I confirm that the information provided is accurate and complete.
I agree to inform REKA ARTS LLC of any changes.

Parent/Guardian Name: _____

Signature: _____

Date: _____

REKA ARTS LLC – PARENT AGREEMENT, WAIVER & POLICIES

Program Name: Reka Arts – Kids Art Classes
Location: 1123 S Central Pkwy, Mountain House, CA 95391
Instructor: REKA ARTS LLC

1. Program Nature (IMPORTANT)

Reka Arts provides instructional art classes only.

This program is not a daycare, childcare service, or babysitting service.

By enrolling, the parent/guardian acknowledges that:

- The class is structured as an educational workshop
- The instructor's role is limited to teaching art techniques and guiding activities
- The parent/guardian remains fully responsible for the child at all times

2. Eligibility

- Minimum age: 5 years old
- Students must be able to follow basic instructions and participate independently in a group setting

3. Class Duration & Schedule

- Each session is 60 minutes
- Classes start and end at scheduled times

4. Drop-Off & Pick-Up Policy

- Drop-off is allowed no earlier than 10 minutes before class
- Parents/guardians must be reachable by phone at all times
- Immediate pick-up is required at the end of class

Late Pick-Up Policy:

- A late fee may be charged for delays

5. Emergency Contact

Parent/Guardian must provide a primary phone number and emergency contact person.

In case of emergency, the instructor may contact the parent/guardian immediately and seek appropriate medical assistance if necessary.

6. Health & Safety

- Children should not attend if they are sick
- Parents must inform the instructor of allergies, medical conditions, or special needs

7. Behavior Policy

Students are expected to follow instructions and respect others and materials.

The instructor reserves the right to remove a student from class if behavior is unsafe or disruptive.

8. Liability Waiver & Release

By signing below, the parent/guardian acknowledges and agrees that:

- REKA ARTS LLC provides instructional art education services for the sole purpose of creative learning and student development
- Participation in classes is voluntary and undertaken in good faith by both parties
- The parent/guardian assumes responsibility for the child's participation in all class activities
- The parent/guardian agrees to release, waive, and hold harmless REKA ARTS LLC, its instructor(s), and representatives from claims, liabilities, damages, or legal actions arising from participation in the program, except where prohibited by applicable law or caused by gross negligence or intentional misconduct
- The parent/guardian understands that REKA ARTS LLC is operating solely as an educational art instruction service and not as a childcare provider

9. Photo & Media Consent (Optional)

- I allow photos/videos of my child to be used for promotional purposes
- I do NOT allow photo/video use

10. Agreement

By signing below, I confirm that:

- I understand this program is instructional and not childcare
- I agree to all policies stated above
- I accept full responsibility for my child's participation

Child's Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Emergency Contact: _____

Signature: _____

Date: _____