



STUDENT INFORMATION FORM

DATE: _____

STUDENT INFO

First & Last Name: _____ Birthday: ____/____/____

Current Age: ____ Gender: _____ Grade: _____ School: _____

Medical Conditions/Allergies (if any): _____

Home Address: _____

PARENT/GUARDIAN INFO

Name: _____ Relationship to Child: _____

Cell Phone: _____ Work/Additional Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

CHILD PHOTO RELEASE & SOCIAL MEDIA - PLEASE CHOOSE ONE.

I, _____, the parent/legal guardian of _____ [child]

grant The Fashionable Stylista permission to photograph my child for any legal use, included but not limited to publicity social media, advertising, and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

DO NOT grant The Fashionable Stylista permission to photograph my child for any legal use, included but not limited to publicity social media, advertising, and web content.

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____ Date: ____/____/____

HOW DID YOU HEAR ABOUT US? _____



WAIVER & CONSENT FORM

LIABILITY RELEASE & PARENTAL CONSENT FORM

I hereby waive, release, and discharge any and all claims for damages for personal injury damages or which may hereafter occur to my child as a result of their participation in the fashion design classes and events. This release is intended to discharge in advance The Fashionable Stylista, and its employees, from liability, even though that liability may arise out of perceived negligence on the part of its staff. It is understood that some activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

I give consent for my child, _____ to participate in the above,
I execute the above liability release on my child's behalf.

Parent's/Guardian's Signature: _____ Date: ____ / ____ / ____

CONSENT FOR TREATMENT

I hereby give my consent to have the above student treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that The Fashionable Stylista will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____ Date: ____ / ____ / ____

OUR POLICIES

As parents, we know scheduling can be difficult and there are times when you need to reschedule or cancel. Our classes, camps and workshops accommodate a limited number of students to help better their experience at The Fashionable Stylista.

To Reschedule: If you need to reschedule, you may use the credit towards any of our classes, camps or services.

To Cancel: If you do need to cancel, you may receive a refund minus 15% of the amount paid. Canceling after the semester/session has started, it's non-refundable.

Make-ups: If you enroll in any of our classes; you are allowed to make up as many classes as you miss throughout the semester you are enrolled in. Makeup classes will not carry over into future enrollments.

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____ Date: ____ / ____ / ____