# Registration Form: Submit one form per family.

**Complete, sign form and mail with full payment. Make checks payable to:**

***Out of the Box Creative Learning*** **3 Cheviot Ct. Clifton Park, NY 12065**

Child(ren) Full Name:_____

_____

Date(s) of Birth: _____

Address:_____

Parent/Guardian Name(s):_____

Email:_____Phone:_____Phone:_____

Medical/Food Allergies/Other Issues: _____

_____

Please indicate which program(s):_____

Date(s)_____

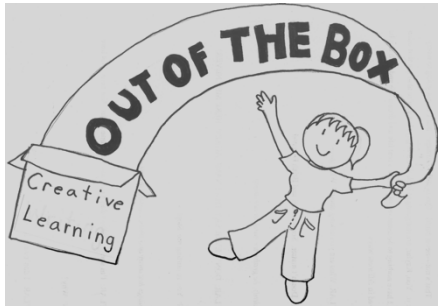
Amount per child_____

Total enclosed: _____

**(To guarantee a spot, register no later than one month before program date. Refunds will be given with notice up to two weeks prior to start date. If less than two weeks, no refund will be available.)**

*Please check program details about food.

*Out of the Box Creative Learning is not responsible for any items lost or damaged during a program.




**'Out of the Box Creative Learning' Programs**

Parent/Guardian Permission: As a legal guardian I give permission for the registrant to participate in all phases of activities. I understand and agree to cooperate with all regulations. I will not allow registrant to attend if not in good physical condition. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the program authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian. I understand that when participating in Out of the Box Creative Learning activities the registrant may be photographed for print, video, audio or electronic imaging. I understand that the images may be used in promotional and fundraising materials, news releases and other published formats, and will be the sole property of Out of the Box Creative Learning.

Check if registrant MAY NOT:

□ Be photographed for publicity purposes

Signature of Parent/Guardian

_____

Date _____

Questions?
518-337-0065 or 518-229-1237
two.outofthebox@gmail.com
www.outoftheboxalbany.com