



# Motivating Minds

## Art Class Registration Form 2017:

Sept 12- Nov 12, 2017  
Tues, Thurs  
1:30-2:30, 3:00- 4:00,  
4:15-5:15; 5:30-6:30

### **Child's Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade entering: \_\_\_\_\_

First language: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

### **Parent and Guardian Information:**

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Christine Ortega, M.S.  
Exceptional Student Education  
305.619.8644

**Please select a session:**

*Tuesday and Thursday*

- **Option 1: 1 day - \$35.00**
- **Option 2: 1 month - \$260.00 (8 classes)**
- **Option 3: 1 session - \$625.00 (20 classes)**

**Please select the time:**

- **1:00 -2:30 (Toddler Time)**
- **3:00 – 4:00**
- **4:15 – 5:15**
- **5:30 – 6:30**

***Release of Liability.***

On behalf of my child, myself, our heirs, guardians, and legal representatives, I waive and release any right I, my heirs, guardians, and legal representatives may have or acquire to make claim against or sue Motivating Minds, LLC, it's directors and employees. Motivating Minds, LLC agrees to do their best to maintain Student and others around Student safe. In case of accident or illness of the Student while in care of Motivating Minds, LLC they will report to Parents/guardian immediately or the same day of incident, depending on the severity of the case.

I have carefully read this Agreement and fully understand its contents.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Name (please print):** \_\_\_\_\_

\* Please make checks payable to Motivating Minds, LLC. Send registration forms and checks to 937 Crandon Blvd. Suite #18 Key Biscayne, FL. 33149