

Stitchology kids

the artful science of sewing

STUDENT REGISTRATION

Please complete and sign this application (front and back) and mail with your payment (check or money order) payable to: Jane Bessette

127 Bay View Rd.
South Chatham MA 02659

(Classes are on first-come/first-served basis. Please email/call 774-722-0660 to let me know your registration is on the way.)



PARENT INFO

Mother/Guardian Full Name

Father/Guardian Full Name

Home Address

STREET

STATE

ZIP

Home Phone

Email Address

CHILD INFO

Full Name

Gender

Date of Birth

Grade

ENTERING
SEPT
2018

Health Comments

* IMPORTANT NOTE

STITCHOLOGY STAFF
CANNOT ADMINISTER
ANY MEDICATIONS TO
YOUR CHILD UNDER ANY
CIRCUMSTANCES.

EMERGENCY INFORMATION:

Additional adult contact who can be reached in case of emergency.

Full Name

Relationship

Phone

PROGRAM SESSION - SEWING BASICS / SIX WEEKS

In each six-week session your child will learn progressive sewing skills starting with machine operation and terms and progressing to working with patterns + garments.

Ages 10+

Session is held Tuesdays 4:00-5:30p.m.

January 8 / January 15 / January 22 / January 29 / February 5 / February 12

Ages 7-9

Session is held Wednesdays 4:00-5:30p.m.

January 9 / January 16 / January 23 / January 30 / February 6 / February 13

Cost: \$165/student plus \$25 material fee.

Limit 5 students for each session.

Sessions are progressive, so students are encourage to begin with session 1.

Registration deadline is 1 week prior to session start.

Session fee is non-refundable after registration deadline.

SESSION 1 \$165 + \$25 Materials x STUDENT(S) = \$

PARENTAL AUTHORIZATION

- I have read, I understand and I agree to the rules that have been set forth in this REGISTRATION FORM.
- I indemnify and hold Stitchology and Jane Bessette harmless against claims and damages arising against Stitchology and Jane Bessette.
- In the event of an emergency, I give my permission to have my child treated by medical personnel.
- I understand that this program does not carry accident insurance and that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.
- I give permission to have my child photographed / videotaped for publicity or news story purposes.

Parent / Guardian Signature

Date