

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: Stitchology

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

CITY

STATE

ZIP

Home Phone

Email Address

CHILD INFO

Full Name

Gender

Age

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

FALL BEGINNER PROGRAM SESSION - SEWING BASICS / SIX WEEKS

LOCATION: Harwich Cultural Center - 204 Sisson Road, Harwich, MA 02645

Ages 10+

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

September 24 / October 1 / October 8 / October 15 / October 22 / October 29

Ages 7-9

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

September 26 / October 3 / October 10 / October 17 / October 24 / November 1

*** IMPORTANT NOTE**

CLASS WILL BE HELD ON FRIDAY AS
OCT. 31 IS HALLOWEEN

Advanced Sewers - Must be approved by Miss Jane

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

September 25 / October 2 / October 9 / October 16 / October 23 / October 30

Cost: \$190/student (\$165 instruction cost and \$25 material fee).

Limit 5 students for each session.

Registration deadline is 1 week prior to session start.

Session fee is non-refundable after registration deadline.

FALL SESSION \$190*

x STUDENT(S) = \$

AMOUNT DUE

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