

# 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

STATE

ZIP

CITY

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

## NEW YEAR BEGINNER PROGRAM SESSION - SEWING BASICS / SIX WEEKS

**LOCATION:** Harwich Cultural Center - 204 Sisson Road, Harwich, MA 02645 Class 109

### **Ages 10+**

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

January 7 / January 14 / January 21 / January 28 / February 4 / February 11

### **Ages 7-9**

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

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

### **Advanced Sewers** - Must be approved by Miss Jane

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

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

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