

**City Kidz World Writing and Publishing Studio Form**

2011-2012 Academic Year  
City Kidz World Writing Studio

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone # \_\_\_\_\_

e-mail address \_\_\_\_\_

**Classes weekly: 2011-2012 Academic School Year**

**Cost: \$16.25 per 1 hour class session (must be paid each month in the first week). 2 hour sessions \$17.50  
Pay for 25 classes (Jan.2 - June 25) and receive a 5% discount:\$387.00**

Name of Child \_\_\_\_\_

Age of Child \_\_\_\_\_ Start Date: \_\_\_\_\_

**Studio Open (1 to 2 hour sessions available: (Please rank your choices):**

**Mondays**

3:30 p.m.to 5:30 p.m. \_\_\_\_\_

Wed.

3:30 p.m.to 5:30 p.m. \_\_\_\_\_

Thurs.

3:30 p.m.to 5:30 p.m. \_\_\_\_\_

**Sat.**

12:30 p.m. to 7 p.m. \_\_\_\_\_

**Sun.**

12:30 p.m. to 4:30 p.m. \_\_\_\_\_

Other Times if the above times aren't convenient:

Day: \_\_\_\_\_ Time: \_\_\_\_\_ /Day: \_\_\_\_\_ Time: \_\_\_\_\_ /Day: \_\_\_\_\_ Time: \_\_\_\_\_

Accepts checks on or before the first day of class or online through Paypal before the first day class.

**EMERGENCY CONSENT:**

It is the policy of Child's City Kidz World Writing Studio to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_  
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF City Kidz World writing and  
Publishing camp WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT  
THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature

Parent/Guardian Signature

Date: \_\_\_\_\_ Date: \_\_\_\_\_

City Kidz World Writing Studio: 3530 Route Rt.27, Kendall Park , NJ 08824 , 732-514-7373