



Student Registration Form

Class Name _____ **Day** _____ **Time** _____

Student's Name _____

Birthday _____ **Gender: M F**

Home Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **E-mail** _____

Special needs (Allergies, Physical or health concerns) _____

What school does your child attend _____

Parent/Guardian #1 _____ **Parent/Guardian #2** _____

Name _____ **Name** _____

Cell phone _____ **Cell phone** _____

Registration can be completed on-site, mailed to Smarty Party at 1846 West Belmont, Chicago, IL 60657 or faxed to 773.687.0521. We accept checks, cash and most credit cards. Payment is due in full at time of registration.

Select your payment option:

Visa MasterCard American Express Discover Check Cash

If paying by credit card:

Name of Cardholder _____

Credit card number _____ **exp** _____

Please read & sign the following:

In the event of a medical emergency occurring to my child, I hereby authorize Smarty Party to act in loco parentis to my child. Smarty Party may authorize all necessary medical procedures that are deemed vital for the health of my child. I understand every effort will be made to contact my physician or me immediately, and that medical procedures will be implemented only in the event that I cannot be reached. Photographs of my child picturing him/her as a Smarty Party student may be used in connection with Smarty Party's public relations program, public media or in-school prepared materials.

Date

Signature of Parent or Guardian