



WELLART

Registration Form

142 Boggs Hill Road Newtown CT 06470-1969 (203) 304-8340 wellarttherapy@gmail.com

Please print form and fax to (203) 304-8328 or mail with payment to address above

**Class sizes limited to 6 to ensure specialized individual attention*

**Note: For 3 hours sessions children should bring a snack and drink*

Student / Client Details

Age: _____

Date of Birth: _____

Name in Full: _____

Address: _____

City: _____ State: _____ Zip: _____

Allergies / Special Notes: _____

Parent / Guardian Details

Parent / Guardian Name: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Emergency Contact Name: _____ Number: _____

Program	Dates	Time	Fee

Terms & Conditions

I understand that WellArt will make every effort to protect the safety of my child.

Complete Registration

You are enrolled in a class once your registration form and fee are received. If you have questions or would like to confirm your registration you can call or email.

Refunds

Checks are returned if a class has been cancelled or filled. Full refunds are given up to five days prior to the first day of a class or workshop.

No Partial Refunds

No partial refunds are given within five days of the start of a class or workshop.

Make Check payable to: Elizabeth Madden (Checks are not cashed until enrollment has been established)

I have read and agree to the policies above.

Parent / Guardian Name: _____ (print)

Parent / Guardian Signature: _____ Date: _____