



## Enrollment form

**Andy Warhol for Kids from 6 to 13 yo**  
**Saturday 3 March from 13h30 to 16h30**

### Child Information

Name	Surname	Gender: M / F
Date of birth .... / .... / .... Age: .....	Health Insurance	

### Arts & Expression Summer Creative Workshops

These workshops are run by Eurydice Labaki, art-therapist and resident art facilitator at Atelier du Square. She'll answer your questions on 078 696 12 45 or [eurydice@arts-expression.ch](mailto:eurydice@arts-expression.ch).

### Legal Guardian

Name	Surname	
Address		
Zip	Town	Country
Home phone	EMERGENCY phone	
Mother's cell	Profession	Prof. phone
Father's cell	Profession	Prof. phone
Email		
Name of civil liability insurance		
How did you find out about our workshops ? (please circle your answer)		
Activity for families website   Meet-up.com   Facebook   Linked-in   other, pls specify .....		
Flyer   Newspaper ad   Friend/Family   Acquainted with Atelier du Square or Eurydice   other, pls specify .....		

### Medical information

#### Allergies: Yes / No

Details
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#### Special dietary information: Yes / No

Details
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#### Specific medical treatment and/or medication: Yes / No (if medication must be given, please provide the pediatrician's prescription)

Details
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## Parental permission

I, ....., certify that ....., is in good physical and mental health and fully capable of participating in the activities of the creative workshops for the chosen weeks. In case of a situation of great emergency and/or Act of God, I agree that all available medical care be provided (included hospitalisation, anesthesia and surgery). I agree to pay for all consequent medical, hospital and surgical expenses.

Place/ Date .....

Signature .....

## Additional information

## General Conditions

1. All materials, aprons and snacks are provided.
2. A strict non-smoking policy is applied to the entire space of the workshop and must be respected.
3. In case of a cancellation of enrollment within 20 working days of the beginning of the workshop, 50% of the workshop fees will be returned.
4. In case of a cancellation of enrollment within 10 working days of the beginning of the workshop no refund of fees will take place.
5. Should the dates of the workshops be changed for any reason, a voucher of the same value as the fee of the workshop will be emitted to be used with Arts & Expression Workshops at Atelier du Square.

## Payment Information via E-banking

Account owner: Atelier du Square, rue François Bonivard 4, 1201 Genève  
Account: N° 14-700094-9 | BIC POFICHBEXXX  
IBAN: CH69 0900 0000 1470 0094 9  
Communication: [ write here the name of the workshop ]  
PostFinance SA, rue du Château d'En-Bas 33, CH - 1631 Bulle

I certify that the above mentioned informations are all exact,

Place & date: .....

read and approved by the Legal Guardian: .....