

Art & Design Studio

Summer Class Registration Form

Director: Winnie Tu (408) 981-9544

Email: info@samwin.com

Summer Art class 2024

Payment, Refund Policy-Summer Art Class

- 1. Full payment is expected before each section. There are no makeup class, no refunds or credits for missed classes.
- 2.50% Tuition refund for each session after 30 days before class begins, (exclude \$30 registration fee). There are no refunds or transferring for summer art camps after May 31.
- 3. Some classes material will be noticed to prepare by student before the class. No make up class nor refund will be issued if your child misses the class.
- 4. All classes are for children ages 6+. Some materials will be provided. Classes may be cancelled due to insufficient enrollment. Parents will be informed and refunded if a class is cancelled.
- 5. A \$30 fee will be charged for returned check.

Samwin Art & Design Studio Online Class Registration Form

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學生中文名:	English Name:	M F	Birthday					
Parent's Name:	Phone: () E-mail	:					
就讀學校及年級 School and grade								
地址 Address								
Monday~Friday		7/8-7/12 1:30-5:30pm 7/22-7/26 1:30-5:30pm						
Tuition:	☐ \$535 (10 classes, 20 hours) ☐ \$1025 (20 classes, 40 hours) ☐ Extension hour \$25 (per hour)							
Weekly Art Class	Weekly Saturday: 6/29-8/3 9:00am-11:00am One-on-one class date: / - / t Class							
Tuition:	☐ \$265 (5 classes, 12 hours) ☐ \$60 (per class, if less than 5 class	sses per session) One-c	on-one \$70 (per hour)					
Digital Art class	One-on-one class Digital Arts Computer Motion	n Graphics 🔲 Website desig	n					
Tuition:	date: / - / One-on-on	e class \$90 /hour						
	undable registration fee) ition) Discount) Amount:	Make check payable to W to: Samwin Art & Design 9 20770 Cheryl Dr. Cupertino, CA 95014						
☐ I have read a	nd understand the Samwin Art and D	Pesign Studio Policy.						
Signature X								
Par	ent or Guardian	Date						



Art & Design Studio

聖文美術創作教室

Art & Design Studio			For office use of Classes: Dates:						
學生資	料 Stu	dent's Information							
姓名 Name	(中) Chinese (英) English		(英) English	1		DOB M [M F	
地址 Address									
就讀學校及年級 School and grade						Home Phone			
父	卅夕		Work Phone			Cell			
Father	Name		E-mail						
母	姓名				Cell				
Mother	Name								
緊急事 1 2 3 Physician Type	i or dentis	who may be called in an emer 挂名 Emergency Contact t to be called in an emergency:		關係 Relationship	Medica	電話 Phone			
醫生 Phy 牙醫 De	醫生 Physician								
緊急事 I give my gram and the Studio agree to the A 人准許到要求聖文美 Public I give my make, us promotion	permissic d authorize o any staf follow then 战的子女參於 統備創作教室 ity Rig permissic e or make nal purpos	on to Samwin Art and Design St copies of my child's artwork pr	the Samw Il charge idents or derstand 情況發生 負責。我同 tudio (her roduced v	of any emergency in the injuries. I have read the its meaning and volunta · 無法聯絡到家長監護人或司意這些條文及願遵守上課 reafter referred to as the while he/she is a studen	e case e above arily sig 醫生時 須知中的 e "Studi t of the	of accidents or injure, and the Policy of t gn it. · 本人授權校方行政人 的規定。 io") a perpetual non	ies. I wil the Studi 員全權處 -exclusiv	I not hold the io and will 理。本人不會	

Date

Signature X