



LOK FASHION ACADEMY REGISTRATION
60 SUSA DRIVE · SUITE 107 · STAFFORD VA 22556
OFFICE PHONE (540)-720-0851 · WWW.LOKACADEMY.COM



Student Name:

Date of Birth:

Last First

Parent/Guardian Name:

Last First

Address City State Zip Code

() ()

Home Phone Work Phone Alternate Phone

Email Address



<u>SCHEDULE OF CLASSES</u>
<u>Day:</u>
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
<u>Time:</u>

REGISTRATION INFORMATION

\$25 Non refundable fee. Enrollment is based in the order in which payments are received.

Tuition:
\$1,000.00 1 semester
\$2,000.00 1 year

Supplies (Tax included):
Shears, pins, needles, tape measure, seam ripper, pin cushion, chalk ruler, hem gauge, etc.
\$204.75
Fabrics/ Craft Items...\$262.00 1 semester
\$524.00 1 year

Total balance: \$ _____
Deposit: \$ _____ (Cash/Check/Card)
Monthly Payments (months): \$ _____



EMERGENCY CONTACT INFORMATION

_____		_____	
Childs Name		Date of Birth	
_____		_____	
Parent/Guardian Name		Parent/Guardian Name	
()	()	()	()
_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone
_____		_____	
Address		Address	
_____		_____	
City	State	Zip Code	City
			State
			Zip Code

ALTERNATE EMERGENCY CONTACTS

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
()	()	()	()
_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone
_____		_____	
Address		Address	
_____		_____	
City	State	Zip Code	City
			State
			Zip Code

MEDICAL INFORMATION

_____		_____	
Hospital/Clinic Preference		Physicians Name	
_____		_____	
Insurance Company		Phone Number	Policy Number
_____		_____	

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Date



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CONSENT/RELEASE FORM
PUBLISHES STUDENT INFORMATION

LoK Fashion Academy publishes an assortment of information about our academy and its activities to the public through a variety of media. This includes internet, television, and print. From time to time, we would like to include our students' names and or/ photographs in these publications. This information may be published in order to distinguish accomplishments, in conjunction with the student's work, promotion, newsletters and/or display. Your signature below grants permission for this information to be published.

I _____ hereby give permission to publish my child's or my children photo. And release LoK Fashion Academy from liability resulting from or connected with the publication of this information.

 Child (s) First Name, MI, Last Name

 Parent/ Guardian Printed

 Date

 Parent/ Guardian Signature

 Date

RELEASE OF LIABILITY

As the legal parent or guardian, I release and hold harmless LoK Fashion Academy Inc. owners and employees, collectively against any and all liability claims, judgments, or any damage, loss or injury arising that may be sustained by the participant while in or upon the premises under the control and supervision of LoK Fashion Academy Inc. owners, and employees.

 Parent/Guardian Signature

 Date

We are excited to have you with us this School Year. The policies affiliated with LoK Fashion Academy are as follows:

- ***No refunds for missed classes during the school year***
- ***Make up classes are offered only during scheduled class days***
- ***All students need to be picked up at the end of class unless other arrangements have been made***