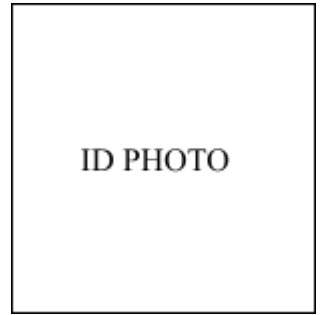




CATERING SCHOOL

Registration for the 2021-2022 school year



NAPS CARD

Child : Last Name First Name
Age Class

Parents: Last Name First Name.....

Address.....

Cellphone:

CIN N°.....

Phone number of other people to contact if parents are unavailable:
Cellphone:

Is your child subject to a special diet? or does he have allergies?

Yes

No

If yes, which ones?.....

Total paid amount:..... Made in.....

Payment by

Cash

Card N°.....

Check N°.....

Release of Liability Form

I..... the parent of the child.....

I agree to accept full responsibility and accountability for any claims, damages, losses, expenses, and costs related to my child's naps card.

I accept and agree that Art Cantine and its employees will not be held liable for my child's card under any circumstances.

I understand that Art Cantine does not offer any type of insurance to cover expenses and costs in case of loss or damage to my child's card, I also agree and accept that Art Cantine cannot refund or reimburse any associated costs.

I fully release and discharge Art Cantine and its employees from liability in connection with my child's card loss, damage, expenses and costs.

Date:

Signature of parent or guardian