

Libbylicious

191 Godwin Ave. Suite 2 Wyckoff NJ 07481

WWW.Libbylicious.COM

201 - 847 - 2375

STARTING WEDNESDAY SEPT 11TH 2024

Ages: 5 – 15 (No Sewing Experience Required)

Children & Teens Schedule

WEDNESDAY	3:45pm – 5:15pm	5:30pm – 7:00pm
THURSDAY	3:45pm – 5:15pm	5:30pm – 7:00pm
FRIDAY	3:45pm – 5:15pm	5:30pm – 7:00pm
SATURDAY	12:30pm – 2:00pm	2:15pm – 3:45pm
SUNDAY	12:30pm – 2:00pm	2:15pm – 3:45pm

\$50 Registration Fee for NEW Clients

\$40 Registration Fee for RETURNING Clients

\$250 for Five Consecutive 1½ Hour Sessions

All Prices are Per Person

Fabric Charges are Additional, Depending on Items Made

Fabric charges are due at the end of 5 sessions

Indicate if you have a fabric budget on your information form

HOW TO SIGN UP FOR SEWING SESSIONS:

- Step 1:** Choose the Day & Time your Child/Children would like to attend.
- Step 2:** Contact Miss Libby via Email, Text, or Phone to confirm availability for your requested Day and Time. Email or Text is preferred.
- Step 3:** Print and Fill Out the Information Forms
- Step 4:** MAIL Total Payment and Filled Out Information Forms
Total Payment Includes: Registration Fee And Payment for Sessions
MAIL TO: Libbylicious 191 Godwin Ave. Suite 2 Wyckoff NJ 07481
Only Cash or Check Accepted (Checks Made Out to Libbylicious)

IMPORTANT SAFETY REGULATIONS:

- * Pick up & Drop off Only, in back entrance!! Parents must wait outside.
- * Temperatures are checked before entering the building. Parents/drivers are required to wait for temperature checks to be completed. Anyone with a temperature or signs of illness will be sent home immediately.
- * It is OPTIONAL to wear a face mask. (Miss Libby will be wearing a mask)
- * One participant per table
- * Bring your own drink/snack
- * **No one can enter the building prior to the start time of their session!!
The 15 minutes in between sessions are for cleaning & preparation!!**

Information Form

First & Last Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Emergency Contact
Name and Phone#: _____

Please list any notes for Miss Libby, health concerns, allergies, special needs, disabilities, or any behavior/ condition we need to be aware of, to ensure optimal instruction:

\$50 Registration Fee for NEW Clients OR \$40 Registration for RETURNING Clients
\$250 for Five Consecutive 1½ Hour Sessions
Prices are Per Person

Registration Fee(s) _____ + Sessions Fee(s) _____ = Total Amount: _____

Start Date: _____ Day: _____ Time: _____

Updated Libbylicious Policies

✚ Notify Miss Libby via phone, text, or email, 24 hours' prior to your scheduled day/time to cancel. If sufficient notice is not provided prior to cancelling a session, you will be charged! **Permitting you have provided 24 hours notice, you are Allowed One Excused Absence Per Set of Five Sessions.**

There are no refunds or credits for cancellations made less than 24 hours in advance. Not showing up for a session without sufficient notification forfeits any refund, exchange, or credit. **We Do Not Offer Make-Up Sessions!** There are no openings in the schedule for make-up sessions.

✚ Please refrain from sending your children to sewing if they are ill! For example, if they have or have recently had a fever, are coughing, are sneezing, etc...

It is important to facilitate maintaining a healthy and clean environment, as well as, reduce the spread of germs and illness.

✚ Staff are not permitted to babysit Libbylicious customers. Do not solicit Libbylicious staff members for babysitting or transportation services.

Please sign below to acknowledge that you have Read, Understood, and Agree to all Safety Regulations and Policies.

Date: _____

Signature of Parent/Guardian: _____

Liability Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and are aware that the CDC and many other public health authorities still recommend safety procedures.

I further acknowledge that Libbylicious LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Libbylicious LLC can not guarantee that I will not become infected with the Coronavirus/Covid-19.

I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other clients and their families.

I voluntarily seek services provided by Libbylicious LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19.

I acknowledge that I must comply with all set procedures to reduce the spread while attending sessions.

I attest that myself and my child/children:

* Not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

I hereby release and agree to hold Libbylicious LLC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the studio, or that may otherwise arise in any way in connection with any services received from Libbylicious LLC. I understand that this release discharges Libbylicious LLC from any liability or claim that I, my heirs, or any personal representatives may have against the studio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Libbylicious LLC. This liability waiver and release extends to the studio together with owners and employees.

Date: _____

Signature of
Parent/Guardian: _____