

Studio Arts

Registration Form

(Must accompany payment)

Please remember your space in our program is only confirmed once payment is received!

Student Name _____ Age _____ Date Of Birth _____

Class Title _____ Date/Time _____ \$ _____

Student Name _____ Age _____ Date Of Birth _____

Class Title _____ Date/Time _____ \$ _____

Student Name _____ Age _____ Date Of Birth _____

Class Title _____ Date/Time _____ \$ _____

Full Payment/**Total** Enclosed \$ _____

Payment Method - check one:

- Full payment enclosed with cash or check
 Payment Plan must include two checks (one postdated)
 Send me a PayPal invoice

- Cash/check (mailed or dropped in secure silver mail slot to the left of the front door).
- Request a PayPal invoice be sent to you for payment by credit card, debit card or PayPal.
- Please follow these registration/payment guidelines - do not disturb a class in session.
(**invoiced only** after this form received via email or placed in drop box)

All Parents/Guardians Full Names and emergency phone numbers:

_____ # _____

_____ # _____

Email: _____

Paypal Email: _____

What school does your child attend? _____

First Visit (circle one)? Yes No

I have read the FAQ (studioartsdallas.com/faq/) and understand all studio policies. I understand there are no refunds or rescheduling of camps/classes for any reason. I have enclosed information to assist the teacher regarding my child's learning differences/allergies, etc.

I have read and understand the above (please sign) _____

StudioArtsDallas.com

no phone messages returned - email only: studioartsregistrar@gmail.com

10051 Shoreview Rd. Dallas, Texas 75238