

Studio Arts

Registration Form

(to accompany payment by cash or check)

Student Name _____ Camp/Class _____

Age _____ Birth Date _____ Class Date/Time _____ \$ _____

Student Name _____ Camp/Class _____

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Student Name _____ Camp/Class _____

Age _____ Birth Date _____ Class Date/Time _____ \$ _____

Full Payment/Total Enclosed \$ _____

Payment method - check one: Cash Check Send me a Paypal Invoice

Deposit cash/check in secure drop box slot beside front door WITH enrollment attached - see address at bottom of page for mailing

Parent/Guardian Full Name (First and Last) _____

E-mail: _____

Current Phone Contact _____

What school does your child attend? _____

Is this your first visit? Yes No

I have enclosed information to assist the teacher regarding my child's learning differences if applicable. I understand there are no refunds, prorating or rescheduling of classes or camps for any reason. I have the read the FAQ on the Studio Arts website and I understand all studio policies.

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