

# Studio Arts

## Registration Form

(Must accompany payment)

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

Student 1 Name \_\_\_\_\_ Age \_\_\_\_\_ Date Of Birth MM / DD / YEAR

Class \_\_\_\_\_ Class Day & Time \_\_\_\_\_

Student's School \_\_\_\_\_

Student 2 Name \_\_\_\_\_ Age \_\_\_\_\_ Date Of Birth MM / DD / YEAR

Class \_\_\_\_\_ Class Day & Time \_\_\_\_\_

Student's School \_\_\_\_\_

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

☐ Full payment enclosed with cash or check ☐ 2 checks enclosed, one postdated

• Please follow the registration/payment guidelines on website.

• Please do not disturb a class in session - Payment with form can be mailed or dropped in secure silver mail slot to the left of our front door.

Parent/Guardian Full Name: \_\_\_\_\_ P/G Phone # \_\_\_\_\_

Emergency Contact (Name & Number): \_\_\_\_\_ # \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ First Visit? Yes No

**Special Circumstances:** Please let us know if your child has an allergy. So that we may properly support your student in the classroom, please let us know if he or she has a learning difference or any special circumstance we can support.

I have read the FAQ (<http://studioartsdallas.com/frequently-asked-questions>) and understand all studio policies. I understand there are no refunds or rescheduling of camps/classes for any reason. I have written above any information to assist the teacher regarding my child's learning differences/allergies and any special circumstances. Sign below to agree.

I have read and understand the above (please sign) \_\_\_\_\_ date MM / DD / YEAR

**StudioArtsDallas.com**

no phone messages returned - email only: [studioartsregistrar@gmail.com](mailto:studioartsregistrar@gmail.com)

10051 Shoreview Rd. Dallas, Texas 75238