

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 (n/a for summer)

- 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

Please provide a small, non-refrigerated snack and drink daily. We provide filtered tap water. Making art makes kids hungry. No peanuts, please.

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 understand and agree with 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
10051 Shoreview Rd. Dallas, Texas 75238