

Studio Arts

10051 Shoreview Dr, Dallas, TX 75230

studioartsregistrar@gmail.com

Registration Form

(Must accompany payment)

Remember your space in our program is only confirmed once enrollment form and payment are received.

Do not disturb a class in session- payment and form can be emailed, mailed, or dropped in silver mail slot to the left of the front door.

Student Name _____ Preferred Pronouns _____

Age _____ Date of Birth MM/DD/YEAR First Visit? YES NO

Class Name _____ Class Day & Time _____

Student's School _____

Parent/Guardian Name _____ P/G Phone # _____

Parent/Guardian Email _____

Parent/Guardian Physical Address _____

Which will you respond to most quickly? CALL TEXT EMAIL

Emergency Contact Name _____ Emergency Contact # _____

Emergency Contact Email _____

- Payment/Total Amount Enclosed \$ AMOUNT 2 Checks Enclosed, one post-dated
 Full Payment enclosed (Cash or Check)
 Credit Card through PayPal. Your PayPal Account Email: _____

* PayPal payments are sent to studioartsdallas@gmail.com. Include your child's name and the class you are registering for in the description.

Special Circumstances: Please provide information to assist the teacher regarding your child's learning differences/allergies/special circumstances. Write below or on the back of this form.

I understand there are no refunds or rescheduling of camps/classes. The only exception is closure due to COVID-19, in which case we will offer refunds, credits, or make-ups of our choosing. I understand that Studio Arts is following CDC Guidelines for COVID-19. I understand that my student may be removed from the program, without refund, if they fail to comply with masking, temperature checks, hand washing, social distancing, etc.

I have read and agree to comply with all STUDIO POLICIES (see website) and COVID-19 protocols.

I have read and understood the above. Signature _____ Date MM/DD/YEAR