

Studio Arts

10051 Shoreview Dr, Dallas, TX 75230 www.studioartsdallas.com studioartsregistrar@gmail.com

Registration Form

Your space in our program is only confirmed once Registration Form & Payment are received.

Student Name _____ **Preferred Pronouns** _____

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

Current Academic School _____

FALL/SPRING/SUMMER:

Class Name _____ **Class Day & Time** _____

SUMMER ONLY:

Camp Name _____ **Camp Dates & Time** _____

Primary Contact Name _____ **Phone #** _____

Email _____

Physical Address _____

Secondary (Emergency) Contact Name _____ **Phone #** _____

Email _____

Special Circumstances:

Does your child have any learning differences, social/emotional needs or special circumstances?

Full Payment enclosed (Cash or Check)

I have read and agree to comply with all STUDIO POLICIES (see website)

Signature _____ **Date** MM/DD/YEAR