

ART CLASS REGISTRATION

Day and time of art class: _____

Student's Name: _____ **Age:** _____

Parent Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: mobile home work _____

Phone: mobile home work _____

Phone: mobile home work _____

Email: _____

Other Parent Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: mobile home work _____

Phone: mobile home work _____

Phone: mobile home work _____

Email: _____

Please list any physical limitations/restrictions, allergies or medical conditions to be aware of, or medicine taken by your child:

I give my son/daughter permission to take organized field trips with the studio

I give permission for my son/daughter to be photographed & for photos to be used promotionally

Signature: _____ Date: _____