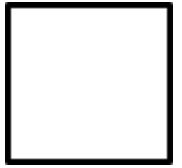




# SOUTH SHORE ART CENTER REGISTRATION FORM



WORKSHOP \_\_\_\_\_

SEMESTER \_\_\_\_\_ DAY/TIME \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SIBLINGS \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT NAME \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

NOTES \_\_\_\_\_
