

# PACÉ ATELIER ART STUDIO

3815 Bakerview Spur Road, Bldg. #2 • Bellingham, WA 98226 • 360-393-1335

Name of Student \_\_\_\_\_ Birth date \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Atelier Class \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary/Cell Phone Number \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*(If different form address above)*

Primary/Cell Phone Number \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

What type of art is your child most interested in? Include various media s(he) has been exposed to.

\_\_\_\_\_

Has your child been enrolled in other art programs?

\_\_\_\_\_

How did you hear about Pacé Atelier?

\_\_\_\_\_

Authorized people to pick up your child. Include name and phone number:

1. \_\_\_\_\_

2. \_\_\_\_\_

Emergency contacts (Include name, home, cell, and work numbers):

1. \_\_\_\_\_

2. \_\_\_\_\_

In the event of an emergency I/we give permission to Pacé Atelier to provide first aid, and if necessary, contact local medical personnel. Signature(s) \_\_\_\_\_

Pacé Atelier has my/our permission to use photos of my child for promotional purposes only; No student names will be used. Signature(s) \_\_\_\_\_

Make checks payable to Pacé Atelier and mail to Pacé Atelier, 821 38th Street, Bellingham, WA 98229 or call Jacquie at 360-393-1335 to process credit card payment. Please attach registration form(s) and email to [jb5paceatelier@gmail.com](mailto:jb5paceatelier@gmail.com).

