

ArtTogether Registration Form	Received on//		
Student's Name:	Birthdav / /		
If a minor, Parent or Guardian's name:			
Street Address:			
City: State: State:	days or cancellations, will		
be sent via EMAIL. Your email will NOT be shared. Plea	ase write your best email		
for communications as CLEARLY as pos	sible here:		
Best email:			
Best phone to reach YOU in case of emergency: ()			
IF you cannot be reached, please list an additional EMERGENCY CONTACT: Additional Emergency Contact Name:			
		Please tell me about any life-threatening allergies	s, epi-pens, medical
		conditions or procedural information, recommended a	actions, or anything else
helpful to know to keep you or your child safe and	content during class:		
You and/or your child's privacy is important. Please fill out NOT give permission for you or your child's photo and/or	photos of their artwork to be		
included in Art Studio promotions, including website, ne	wsletters, and social media:		
Can we post you or your child's PHOTO on promotions? CIRC	LE ONE: YES or NO		
Can we post photos of your or your child's ARTWORK on Pron	notions? CIRCLE ONE: YES or NO		
TUITION. Payment is due by the end of any class attended. T you go," \$25/class for a "Value" 6 pack of preselected classes, CONSECUTIVE ONLY pack of classes. No refunds or make-up of unexpected student absences.	or \$20/class for a "Bargain" 12		
Checks are made payable to "COMMUNITY CHURCH OF BARR	INGTON." Cash payments are		
also accepted. Other online payments include a \$3 service ch	arge.		
Lundarstand that this form will be kent on file at the Art Tu	andhay Ctudia It is tyua ta mu		
i understand that this joint will be kept on jile at the Art 10	ogether Studio. It is true to my		
I understand that this form will be kept on file at the Art To best ability. I agree to the payment terms. At any time I mo submitting a new form or in my own writing that is signed o	ay update any information by		

 START DATE:
 /
 PAYMENT PACKAGE:

 AMOUNT DUE:
 \$
 METHOD:
 REFERENCE #:
 PAID: