

ACCOUNT REGISTRATION AND EMERGENCY INFO

DATE RECEIVED: ___/___/___

Student's Name: _____ Birthday: ___/___/___

If a minor, Parent or Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Important Art School communications, such as snow days or cancellations will be via email.
We will not share your email with others. Please write your email for communications clearly here:

Best Email: _____

Best phone to reach YOU in case of emergency: (_____) _____

Emergency Contact Name & Phone: _____ (____) ____--_____

Tell me about any medical conditions, life-threatening allergies & epi-pens or actions recommended for safety here:



Class Registration for _____

Age Level: _____ Day of the Week: _____ Time: _____

Pricing Package: _____ # of Classes: _____

Start Date: _____ End Date: _____

Price: _____ + Convenience fee of \$3.00 Total Due now:

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Office use only: Check #: _____ Cash: _____ Credit: _____ PAID: ___/___/___

SPECIAL NOTES

Check box: "Pay as You Go" records on back.