

Class Registration form

Student Name _____

If student is a minor - Date of Birth _____ Grade _____

Parent / Guardian _____

Address _____

City _____ Postal Code _____

Phone _____ Cell _____

E-mail _____

How did you hear about ArtVenture Art Studio?

Emergency Contact Information (if different from above)

Name _____

Phone _____ Cell _____

Medical or other conditions requiring special attention:

I hereby give ArtVenture permission to seek medical attention in the event of an emergency.

I agree to receive electronic monthly newsletters and notices of special events **Y** **N** (check one)

Occasionally we take pictures of students in class and their art for promotional literature and for our website. If you have any concerns please talk to our staff.

Signature _____ Date _____