

Class Registration Form



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Student Name and Last name: _____ Age _____ Grade _____

Group: Creative Workshop (), Art Class (). Design Class. Day (s): _____

Parents Name and Last Name (if under 18): _____

Phone: _____ Email: _____

In case of emergency contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Person (s) authorized to pick up your child: () Check if is same as emergency contact

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

How did you hear about our classes?

What are your expectations from the program?

I authorize my child to be photographed in the class and his image used for the promotion of our programs on our website, other websites and other educational publications. Yes () No ()

Name: _____ Signature: _____

Date: _____