

CAN (Children's Art in the Neighborhood)

REGISTRATION FORM

Instructor(s): Jessica Boyland

Student Name: _____ AGE: _____

Parent/Guardian Name & Address:

Parent/Guardian Phone: _____ email: _____

List Any Medical Issues that your child has that Art Works' teachers should be made aware of

List any allergies that your child has: _____

Indicate any special projects or mediums your child is interested in:

List names of people, other than yourself authorized to pick up student from Art Works.

Name _____ Phone: _____

Name _____ Phone: _____

Parent/Guardian Signature/Date _____ As parent or guardian I authorize the student to attend class.

Payment: Check ___ Cash ___ MC/VISA/AMX/DIS ___ Scholarship _____