



PUT ART IN YOUR HEART REGISTRATION FORM

STUDENT NAME _____ Birthdate _____

CLASS of CHOICE _____

Email _____

Parent/Guardian _____ Phone: _____

Relationship to Child : _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ PARENT CELL (IF DIFFERENT): _____

ALLERGIES? _____ MEDS? _____ OTHER? _____

EMERGENCY CONTACT _____ Phone: _____

Relationship to Child _____

WHO ELSE CAN PICK UP: _____ OR _____

COST \$ _____ Prices may vary according to class

TOTAL PAYMENT DUE \$ _____

PARENT SIGNATURE (IF DIFFERENT THAN ABOVE):

DATE: ___ / ___ /09

Please make checks payable to PUT ART IN YOUR HEART LLC