

Put Art In Your Heart Registration Form (2010-2011)



MAKE-UP POLICY: If you miss a class you can make it up with any other age appropriate class on the schedule. No refunds.

Checks payable to Put Art In Your Heart, LLC.

Student Name _____ Class of Choice _____

Birth Date _____

Email _____

Parent/Guardian _____ Phone _____ Relationship to Child _____

Home Address _____ City _____
State _____ Zip _____

Home Phone Number _____ Parent Cell Phone _____

Allergies? _____ Meds? _____ Other? _____

Emergency Contact _____ Phone _____ Relationship to Child _____

Who else can pick up? _____ or _____

REGISTRATION FEE \$ _____ A yearly registration fee of \$25 is due for each child before fall classes.

COST OF CLASS(ES) \$ _____ \$180 for a 12-week session, for classes up to 1 hour in length.

\$100 for a 4-week session, for classes 2 hours in length.

*There is a 10% discount for siblings or a second class.

TOTAL PAYMENT DUE \$ _____

PARENT SIGNATURE (if other than above) _____

DATE ___/___/___

Checks payable to Put Art In Your Heart, LLC.

There will be a \$25 fee for each returned check. Late fee is \$10 per week overdue.