

# ART Creations

## CLASS REGISTRATION FORM FOR MINORS

### **General Information**

Name of Student: \_\_\_\_\_  
Name of Parent/Guardian & Relationship: \_\_\_\_\_  
Alternate Parent/Guardian & Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Allergies that we should be aware of: \_\_\_\_\_

### **Emergency Contact Information (Not the same as listed above)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

### **Alternate Pick-Up Ability**

Please list below the names of those people you will allow to pick up your child from our class other than those listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Information on the Child**

Student's Age: \_\_\_\_\_ Student's Grade Level: \_\_\_\_\_  
Has the Child ever taken art classes before? If so, please list types of classes, levels & duration:  
\_\_\_\_\_  
\_\_\_\_\_  
Child's Preferred Medium (painting with oil or acrylic, drawing, pastels, colored pencils, clay, etc): \_\_\_\_\_  
\_\_\_\_\_

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### **Class Information – To be completed by Art Creations**

Name of Class: \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Tuition Due: \_\_\_\_\_ Tuition Paid & Date: \_\_\_\_\_ Balance: \_\_\_\_\_  
Completed Liability Release & Date \_\_\_\_\_