

EXPLORATORY ART STUDIO

STUDENT REGISTRATION

The information contained in this application is confidential and will not be shared with any other party. **Please print clearly.**

STUDENT INFORMATION (1)

NAME LAST _____ FIRST _____ MIDDLE _____

PREFERRED NAME _____ BIRTH DATE _____ AGE _____

GENDER _____ GRADE _____ SCHOOL _____

E-MAIL ADDRESS _____

STUDENT INFORMATION (2) (SIBLING RESIDING AT THE SAME RESIDENCE)

NAME LAST _____ FIRST _____ MIDDLE _____

PREFERRED NAME _____ BIRTH DATE _____ AGE _____

GENDER _____ GRADE _____ SCHOOL _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

LAST NAME _____ FIRST NAME _____ MI _____

PHYSICAL ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE (____) _____ TYPE _____

ALT. PHONE (____) _____ TYPE _____ E-MAIL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____ CITY _____

STATE _____ ZIP _____ PHONE (____) _____ TYPE _____

ALT. PHONE (____) _____ TYPE _____ E-MAIL ADDRESS _____

EMERGENCY CARE INFORMATION

NAME _____

PHONE (____) _____ TYPE _____ ALT. PHONE (____) _____ TYPE _____

IN AN EMERGENCY, THE STAFF OF SNOOK ART HAS MY PERMISSION TO TAKE MY CHILD FOR TREATMENT IN A HOSPITAL EMERGENCY ROOM.

SIGNATURE _____ DATE _____

PUBLICITY RELEASE

THE STAFF OF SNOOK ART HAS MY PERMISSION TO PHOTOGRAPH MY CHILD FOR PUBLICITY VIA THE SNOOK ART NEWSLETTER, BROCHURES, OR POSTERS, AS WELL AS NEWSPAPERS, MAGAZINES, AND OUR WEB SITE.

SIGNATURE _____ DATE _____

QUESTION AND ANSWER

1. DOES YOUR CHILD HAVE ANY HEALTH CONDITIONS, FOOD ALLERGIES OR IS TAKING ANY MEDICATIONS THAT THE TEACHER SHOULD BE AWARE OF? IF YES, PLEASE EXPLAIN _____

2. BRIEFLY SHARE ABOUT YOUR CHILD'S INTEREST IN ART: _____

I HAVE READ AND UNDERSTAND THE SNOOK ART POLICIES BROCHURE. INITIAL _____

CLASS AND PAYMENT INFORMATION

CLASS NAME _____ DAY(S) _____ TIME _____
Ex. EXPLORATORY STUDIO I TUESDAYS 4:30 - 5:30

SEMESTER _____

TUITION** \$ _____ PAYMENT OPTIONS: CHECK ENCLOSED*** VISA MC

CARD NUMBER _____ CVU No. _____

EXP. DATE _____ NAME ON CARD _____

CARDHOLDER SIGNATURE _____

** Classes fill quickly; sometimes your second option will have to be selected
** Please add a one-time administrative fee of \$20.00 with your tuition payment
** Please make check payable to Snook Art, LLC*

HOW DID YOU HEAR ABOUT US? _____