

EXPLORATORY ART STUDIO

RETURNING 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 _____

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

NAME LAST _____ FIRST _____ MIDDLE _____

PARENT/GUARDIAN INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

PHYSICAL ADDRESS _____ CITY _____

STATE ____ ZIP _____ PHONE (____) _____ TYPE _____

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 make check payable to Snook Art, LLC