

BEHIND THE CANVAS
ART STUDIO
REGISTRATION FORM

STUDENT NAME: _____ Gender (___M) (___F)

Age _____ Birth date ____ / ____ / ____

Class registering for _____

Day of week and Time preferences: 1st choice _____ 2nd choice _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Would you prefer to be contacted by phone ___ email ___ or text _____

Art Experience _____

Art Goals _____

All sessions will either be automatically extended for classes cancelled due to instructor cancellation or inclement weather and snow closings OR the last month of the Fall/Spring session will be prorated to reflect missed classes.

**Please note, classes will cancel if schools / businesses cancel because of inclement weather.

Student Signature _____ Date Signed _____

For office use: Payment Received \$ _____ Check# _____ / CASH _____