# BEHIND THE CANVAS ART STUDIO REGISTRATION FORM

114 Main Street West, Hartselle Alabama 335640 Telephone 256-754-5566

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**STUDENT NAME**: _____

Age _____ School _____ Birth date _____ / _____ / _____

Class Session: Day of week _____ Time _____

**PARENT/GUARDIAN NAME**: _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

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

Class name and Time _____

Art Experience/Goals _____

Art Goals_____

**MEDICAL EMERGENCIES**: The undersigned gives permission to Behind the Canvas Art Studio, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian.
I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.
I request that our doctor/physician be called and that my child be transported to a hospital. Please include Hospital and physicians' phone number.

Emergency Contact (name, phone #) _____

Physician Name & Phone # _____

Allergies / Relevant Medical Conditions _____

_____

_____

**TRANSPORTATION**: Please list all who are authorized to pick up your child and provide us a contact phone number for each person listed as well. We take the safety of your children very seriously. For this reason, a parent or responsible adult also must come in to get student.

Name (s) _____

Tuition will be prorated the last month of the session for classes cancelled by the instructor or due to inclement weather or snow closings.
**Please note, classes will cancel if schools / businesses cancel because of inclement weather.

**New Students: One time $25 registration fee**

Parent's (or Guardian's) Signature _____ Date Signed _____

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