

Art Registration Form (Miss Palmer)

Please Circle Class:

Intro to Art (2nd Period) Mixed Media (3rd Period) Adv. Art (4th Period) Adv. Art (5th Period)

Student(s) Name: _____ Student(s) # _____

Grade Level: _____ Birth date: _____ Age: _____

Student(s) Email: _____

Student(s) Cell Phone: _____

Special Needs or Medical Conditions: (specify)

Father: _____ Mother: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Email: _____

Mom's Cell #: _____ Mom's Work #: _____

Dad's Cell #: _____ Dad's Work #: _____

For communication purposes, do you prefer (please circle): Call, Text, or Email?

Payment Month	Tuition / Check #	Supply Fee	Late Fee
August			
September			
October			
November			
December			
January			
February			
March			
April			