

M.J. STUDIOS ART & MUSIC

REGISTRATION FORM:

Please check here for: Music Lessons _____ or Fine Art Classes _____

Music: Piano ___ Drums ___ Guitar ___ Vocals ___ Trumpet ___ Sax ___ Flute ___ Violin ___ Ukulele ___

Art: Drawing: Beg. What time _____ Adv. ___ Pastels: Beg. ___ Adv. ___ Watercolors: Beg. ___ Adv. ___ Cartooning: ___

Acrylics: Beg. ___ Adv. ___ Oils: ___ Illustration: ___ Portraiture: ___ Pokémon: ___ Manga: ___ Sculpture: ___

Private Art Lessons: ___ Home School Curriculum: ___ Adult Session: ___

Name of Registrant: _____ Age of Registrant: _____

Name of Guardian: _____

Phone: _____ Cell# _____ Work # _____

Address: _____

City: _____ State: _____ Zipcode _____

E-Mail _____

How did you hear about us? _____

STUDENT HEALTH FORM

I authorize appropriate personnel to secure for the services of emergency transportation, a physician, or a hospital in the event of accident or illness. I will be responsible for payment of all services. This consent for treatment is in effect only during actual program hours and dates that the above named person is participating in the M.J Studio's studio classes.

IN EMERGENCY, if unable to reach parent, guardian or contact:

Name: _____

Relation to Person _____ Phone # _____

Parent/Guardian Signature: _____

Date: _____

METHOD OF PAYMENT

Cash: _____ Check: _____ Credit Card: _____ Gift Card: _____

