

JULIE V'S ART CLASSES/CAMP APPLICATION

Class/Camp Date: ___/___/___

Student Name: _____ Birth Date: _____

Home Address: _____

City _____ Zip: _____

Home Phone: _____ Student Cell: _____

Primary Cell for Emergency: _____

Primary Email (To receive Art Class Information): _____

Parents Name 1: _____ Cell: _____

E-Mail: _____ Work: _____

Parents Name 2: _____ Cell: _____

E-Mail: _____ Work: _____

Emergency Contact: (other than parent): Name: _____

Phone: _____

ADDITIONAL INFORMATION:

Payment made out to Pants Inc or Online payment at kidsartclasses.info

1. Payment is due and payable on the first day of class for each session.
2. Payment will not be pro-rated, credited or refunded for any missed classes.
3. Make-ups only for sickness and emergencies.
4. No Art Classes on school holidays.

I have read and agree to follow the above guidelines.

Parent Signature: _____ Date: _____