



# WONDERFUL WEDNESDAYS

## REGISTRATION FORM 2011

Wednesdays, 2 - 4 p.m.

Please check which of the following *Wonderful Wednesdays* you are signing up for:

	<b>July 13<sup>th</sup></b>	<b>Marcella Kuykendall</b>	<i>Ceramics</i>
	<b>July 20<sup>th</sup></b>	<b>Tamara Morgan</b>	<i>Drawing &amp; Painting with Pastels</i>
	<b>July 27<sup>th</sup></b>	<b>Terumi Todd</b>	<i>Paper Crafts</i>

Name of participant: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Please list below any physical limitations, medical needs, or allergic reactions below:

\_\_\_\_\_

\_\_\_\_\_

Any other information that might be useful to the CAC or the Teaching Artist:

\_\_\_\_\_

\_\_\_\_\_

Fee: \$7 per child, \$5 for CAC members  
Money must be paid at the time of registration

**Make checks payable to CAC**

Signature of Parent (or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:

Amount Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt # \_\_\_\_\_

Date Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_