

CAC Art Class

Registration Form

Activity/Class _____

Dates: _____

Time: _____

Place: _____

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number : _____

E-mail Address: _____

In Case of Emergency, please notify:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

I have no physical problems, limitations, or allergic reactions (except those listed below), that the teaching artists should be aware of in terms of my participation in the activities.

List below any physical limitations, medical needs, and or allergic reactions:

Signature: _____

Date: _____

Payment of class fee(s)

Cash _____

Check _____ (amount) _____ (check number)

Date _____