

**REGISTRATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE # \_\_\_\_\_

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CLASS (CHECK ONE)

- ART CLASS
- SEWING CLASS

FOR ART CLASSES, THE FIRST TWO MONTHS TUITION PAYMENT IS DUE AT TIME OF REGISTRATION \$ \_\_\_\_\_

TOTAL AMOUNT PAID \$ \_\_\_\_\_

A FEE OF \$25.00 WILL BE ASSESSED FOR ANY RETURNED CHECKS.

Oakeside must be informed in writing of any behavioral or medical conditions before the student attends class absolving Oakeside Bloomfield Cultural Center and its employees of any liability. By signing this form, I acknowledge that I have read, understand and will follow the tuition payment policies. This is a legally binding document when signed by the parent or guardian of the registrant and accepted with tuition payment by Oakeside Art Studio.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ CHECK # \_\_\_\_\_