

THE PASADENA ATELIER art studio

440 Mercury Lane, Pasadena, CA 91107

626-319-4863 jfmarts@sbcglobal.net

www.ThePasadenaAtelier.com

STUDENT REGISTRATION FORM

Student Name: _____ DOB: _____
(If under 18 years old)

Address: _____
Street City State Zip Code

Home Phone: () _____ Cell Phone: () _____

Parent Name: _____ E-mail: _____

Alternate Emergency Contact: _____ Phone: () _____

Food Allergies: _____

*This registration form works in conjunction with the "Studio Policies". Your signature below indicates that you're in agreement with the studio policies/guidelines.
ALL CHECKS SHALL BE MADE OUT TO "John Martin".

Your Signature: _____ Date: _____

Indicate your choice of class. Please refer to class schedule for 2015-2016 school year.

Duration: 1.5-hr (\$25/class) OR 2-hr (\$30/class)

Day: M Tu W Th F Sa

Time: _____