



CLASS REGISTRATION FORM

First Student Name _____ Age: _____ Birth date: _____	Second Student Name _____ Age: _____ Birth date: _____
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Parental Contact Information

Parent/Guardian: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____
Parent's email address: _____ Okay to send information via email? Yes No

Emergency Information

Contact Name/Relationship: _____ Phone: _____

Class Selection - Start date: _____

Art for ages 11 to 15 Monday 4:30 – 6:00
Location: **Daniel Smith Artist Materials**

1 ½ hour class 7 weeks \$200
All classes are ongoing.

I agree _____ disagree _____ that photos of my child creating art and or art produced at Julie's **ARTCLASS** may be used in publications or art shows or the **ARTCLASS** website.

Signature: _____ Date: _____

Before sending registration, please email Julie to confirm availability. julie@hammerquist.us

Please make checks payable to: Julie Hammerquist. I do not take credit cards.
Send your completed registration form and payment to:

Julie Hammerquist
6520 108th Ave. NE
Kirkland, WA 98033