



**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 10+ Wednesdays 4:30 – 6:00  
Location: Daniel Smith Artist Materials

**1 ½ hour class 8 weeks \$225**  
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](mailto: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 108<sup>th</sup> Ave. NE  
Kirkland, WA 98033