

REGISTRATION FORM

ART *with* ASHLEY

Please complete this form and mail it along with your payment to:

Ashley Beard
1303 Alexander Rd
Rock Hill SC 29732

PAYMENT OPTIONS (please check one)

Option 1	Option 2
<input type="checkbox"/> I have enclosed a check for the total amount of \$200	<input type="checkbox"/> I have enclosed a check for \$100 and will pay the remaining balance on or before Mar 7

STUDENT INFO

		/ /
last name	first name	date of birth
address	grade level	school/school group

PARENT/GUARDIAN #1 CONTACT INFO

last name	first name	email
home phone	cell phone	work phone

PARENT/GUARDIAN #2 CONTACT INFO

last name	first name	email
home phone	cell phone	work phone

EMERGENCY CONTACT PERSON

last name	first name	relationship to the child
home phone	cell phone	work phone

On the back of this sheet please list any important information that I need to know about your child including medical issues, allergies or other special needs.

Thank you for the opportunity to teach your child art. I look forward to working with your child.