

LET'S PAINT ART CLASS REGISTRATION FORM 2023

Term 4

Students Name:			DOB:
Parent/Guardian/Emergency contact details			
Name:		Address:	
Phone:		Email:	
Signature:			
Is there any medical details/information we need to know about? (Allergies, injuries, medical conditions)			
Please circle which level/class you will be attending:			
		TUESDAY	
		3.45pm – 5pm	
COST: \$50 for 5 week program Cost must be paid up front. Creative Kids vouchers accepted.			
DATE:	PAID :	CASH /CARD /VOUCHER	STAFF:
Are you happy for us to take photos of your child to use on social media? YES NO			