

PACE ATELIER ART STUDIO REGISTRATION

3815 Bakerview Spur RD BLDG #1 Bellingham, WA. 98226 360 393-1335

Name of Student _____ Date of Birth, Grade, School _____

Atelier class student is enrolling in _____

Mother's name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Work Number _____

Cell Number _____ Email _____

Father's name _____

Address _____

(If different than mother's)

City _____ State _____ Zip Code _____

Home Phone Number _____ Work Number _____

Cell Number _____ Email _____

What types of art is your child most interested in? Include the various media s(he) has been exposed to.

Has your child been enrolled in other art programs?

How did you hear about Pace` Atelier?

Authorized people to pick up your child (include name and phone number)

1. _____

2. _____

Emergency contacts (include name, home, cell and work numbers)

1. _____

2. _____

In the event of an emergency I/We give permission to Pace` Atelier to provide first aid and if necessary contact the local medical personnel.

Signature(s) _____

Pace` Atelier has my/our permission to use photos of my child for promotional purposes only no student names will be used. Signature(s) _____