



## LET'S PAINT ART CLASS REGISTRATION FORM 2025

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:

<b>TUESDAY</b>
3.45pm – 4.45pm

**COST: \$110 per term**

Cost must be paid up front. Creative Kids vouchers accepted.

DATE:	PAID : CASH /CARD /VOUCHER	STAFF:
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**Are you happy for us to take photos of your child to use on social media?**

- YES  
 NO