



MAGIC OF ART STUDIO

3597 South Lisbon Ct.
Aurora, CO, 80013

ART CLASS REGISTRATION

CHILD'S NAME _____

CHILD'S AGE _____

ADDRESS _____

PARENT'S NAME(S) _____

DAYTIME TELEPHONE # _____

EMAIL ADDRESS _____

EMERGENCY CONTACT

NAME _____

TELEPHONE _____

DAY/TIME CHOSEN

TUESDAY: 5:00PM – 6:00PM []
 6:00PM – 7:00PM []
 7:00PM – 8:00PM []

WEDNESDAY: 5:00PM – 6:00PM []
 6:00PM – 7:00PM []
 7:00PM – 8:00PM []

THURSDAY: 5:00PM – 6:00PM []
 6:00PM – 7:00PM []

TUITION OF \$95.00 PER MONTH IS DUE ON THE FIRST CLASS OF EACH MONTH AND IS NON-REFUNDABLE. STUDENTS WHO MISS A LESSON DURING THE MONTH WILL BE ABLE TO MAKE IT UP DURING OTHER SCHEDULED CLASSES, SPACE PERMITTING.

PARENT SIGNATURE _____

DATE _____