



**MAGIC OF ART STUDIO**  
3597 South Lisbon Court, 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:**            4:45PM – 5:45PM [ ]  
                              6:00PM – 7:00PM [ ]

**WEDNESDAY:**       4:45PM – 5:45PM [ ]  
                              6:00PM – 7:00PM [ ]  
                              7:15PM – 8:15PM [ ]

**THURSDAY:**        4:45PM – 5:45PM [ ]  
                              6:00PM – 7:00PM [ ]  
                              7:15PM – 8:15PM [ ]

**PARENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_