



MAGIC OF ART STUDIO

3597 South Lisbon Court, Aurora, CO 80013

ART CLASS REGISTRATION

Child's Name: _____ Age: _____

Address: _____

Parent Name(s): _____

Phone: _____

Email Address: _____

Emergency Contact Name: _____

Phone: _____

ART CLASS DAY/TIME CHOSEN

Tuesday: 4:45–5:45 6:00–7:00

Wednesday: 4:45–5:45 6:00–7:00 7:15–8:15

Thursday: 4:45–5:45 6:00–7:00

Parent Signature: _____ Date: _____