

Art on the Brain Ltd.
STUDENT REGISTRATION FORM

Complete this form & mail with payment.
Please use one registration form per student

Full Name of Student _____

Date of birth _____

Circle – male/female, right or left handed

Full Address _____ Postal Code _____

Telephone -Home _____ Tel - cell _____ Tel. Bus/wk _____

Full Name of parent(s) _____

Name & telephone number of emergency contact _____

Please state any medical conditions or concerns _____

Your art interests _____

Your school board _____

Class registering in - Location _____ SESSION # _____ Age Group _____

TOTAL FEE _____

Call to Register (403) 217-9975
Thank you !

Full payment must be received by registration deadline to ensure placement in class.

Make Check Payable to: **Art on the Brain Ltd.**
Mail Payment to: **Suite 1600, 246 Stewart Green S.W.**
Calgary, Alberta
T3H 3C8