



Class Registration

Please Fill Out All Information – Please Print

Student Name _____	Parent/ Guardian _____
Preferred Name _____	Street Address _____
Student's Age _____ Date of Birth ___/___/___	City _____ Zip _____
Gender _____ Grade _____	Phone 1 _____ Phone 2 _____
School _____	Emergency Contact: _____
Allergies or other conditions: _____	Name _____ Relationship _____ Phone # _____
_____	E-mail: _____
	(to receive information about future Reach activities – will not be shared)

I give Reach Studio Art Center permission to photograph, videotape, and /or record my child for publicity purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No	(this information is tracked for funding purposes only): Race or Ethnicity <input type="checkbox"/> Native American /Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other (specify) _____ _____	My child participates in the free or reduced meal program at school: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Child lives with: <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other (specify) _____ _____
Please tell us how you learned about Reach Studio: Newspaper or other publication School Friend or relative Website or online Drove by and saw Reach Other: _____	I live within 1.5 miles from Reach Studio <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there restrictions regarding parental contact? <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach note if yes)

Program Name:

- Artsmart** START DATE _____ SESSION _____
- Kids Clay** START DATE _____ SESSION _____
- Other** _____

Program Fees:

Total Payment: _____

I would like to request a scholarship

- Artsmart:** \$20
- Kids Clay:** \$30
- Other** _____

The person(s) named below may also pick up my child:

1. _____ 2. _____ 3. _____

Parent/Guardian Signature: _____ **Date:** _____

Please bring or mail completed form and payment to:

Reach Studio Art Center, 1804 S. Washington Ave, Lansing, MI 48910

www.reachstudioart.org

517.999.3643

- Spot in class is guaranteed only when payment is made.
- Classes can not be made up.
- Fees are non-refundable on first day of class or after.
- Class fees will not be pro-rated for attending fewer sessions than scheduled.
- Refunds requested one week or less before first session will be given in the form of Reach coupons for future classes.