

New Mexico Art League

NewMexicoArtLeague.org

Children's Classes and Workshops
Registration Form

Class Title _____ Day _____ Time _____

Workshop Title _____ Start Date Preferred* _____

Student's name _____ Age _____ Gr. _____

Student's name _____ Age _____ Gr. _____

Student's name _____ Age _____ Gr. _____

Parent's name _____

Mailing Address _____

Daytime Phone _____ Home Phone _____

Cell Phone _____

Other Emergency Contact _____ Relationship _____

Contact's phone: _____

Child's Allergies? If yes, please list _____

Child's Physician _____ Phone _____

Please list any medications your child is currently taking _____

Anything else we should know? _____

Tuition Payment Enclosed _____ (*see note below)

Parent signature _____

***Please contact instructor of the preferred class to confirm the dates, space availability, and age groups before making payment.**