



Registration Form

Please fill out and send with payment to the address listed below.

Student Name _____ Age _____ Birthday _____

Parent's Names _____

Address _____

(T) _____ (C) _____ (W) _____

E-mail _____

Caregiver's Name _____

Caregiver's Cell _____

Emergency Contact (Name & Number) _____

How did you hear about Private Picassos?

- A friend _____
- Online (please specify) _____
- Flyer (please specify location) _____

Class Information

Please fill in the information below

T-shirt sizes include 2T-4T and kids' small thru large

Class Name/Time: _____

Site: _____

T-shirt Size: _____

(*t-shirts only included in the cost of 8/10 week semesters during the school year)

Payment Information

Amount: Registration Fee \$ _____

Payment Type

- Check
- Credit Card (Visa _____ MC _____ Other _____) * **thru website**

Date of Payment _____