



MYT ART STUDIO FINE ART CLASS REGISTRATION FORM

Student's Information

*Name of Student: _____ (First Name/ Last Name)

*Contact Phone: _____

*Contact Address: _____

City/ State: _____ Zip code: _____

*Email Address: _____

*Grade and Age: _____

Date of Birth (mm/dd/yy): _____

*Gender: Male/ Female/ Prefer not to say

Sibling's name if attending: _____

Grade and Age: _____

Gender: Male/ Female / Prefer not to say

Name of School: _____

Parent or Legal Guardian Information (Emergency Contact)

* Parent/Legal Guardian: _____ (First Name/ Last Name)

*Relation: _____

*Contact Phone (Contact with text): _____

Contact Address: (same as above) _____

Parents Email Address: (same as above) _____

Date and Classes Time Registering for

Health Information

Is there any physical, mental, emotional, or other conditions that we need to be aware of? *

Student Photo Release

I agree that photos of my child/ artworks can be taken and used for MYT Art Studio’s social media (Facebook or Instagram, etc.) for advertising purposes?

- Yes
- No

By initialing and submitting this form, you agree that you are the parent or legal guardian of the above-named student. In the case of a medical emergency or general medical care, I give consent for medical treatment for the above-named student by authorized personnel. I understand that the above-named student will only be released to the names listed above (unless notified by parent or guardian). I certify that my child has my permission to attend classes or camps and participate in all activities. The Studio reserve the right to dismiss any student due to disciplinary /behavioral problems and no refund will be given. All students are required to participate in class projects. The studio does not give studio credit or refunds for no shows. If a student misses a class, the Studio will not refund the tuition.

We will offer a make-up lesson. *

Signature: _____ Date: _____