

Registration Form

Session, Circle One: Fall, Winter, Spring, Summer or Workshop

Parent's Name:		Caregiver:	
Address:		City:	Zip:
Phone: (h)	Phone: (c)	Email: (required for class confirmation, please print)	
Child's Name:		D.O.B.:	Allergies:
1 st Choice Day & Time:		2 nd Choice Day & Time:	
2 nd Child's Name:	\$20 sibling discount	D.O.B.:	Allergies:
1 st Choice Day & Time:		2 nd Choice Day & Time:	

Check Must be included to reserve child's spot in class. Make checks payable to The Messy Artist

Mail to: The Messy Artist, 60 Valley St., rear entrance, South Orange, NJ 07079

Questions? Call 973.378.2425, ext. 1