

Fall 2007 Art Class Registration

Mondays

10/1-11/26 (no class 10/8) 8 weeks

Adult Oil Painting

1:00-4:00pm \$350

Name of Artist: _____

Teen Oil Painting

4:30 -6:30pm \$350

Name of Artist: _____ Age: _____ Grade: _____

Tuesdays

10/2 – 11/27 (no class 11/6) 8 weeks

Adult Acrylic Painting

9:30-12:30pm \$350

Name of Artist: _____

K through 2 Art

3:30- 5:00pm \$300

Name of Artist: _____ Age: _____ Grade: _____

Information:

Parent/Guardian: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Emergency Contact (if you are unavailable): _____ Phone: _____

Child's Physician: _____ Phone: _____

Anything we should know? _____ Allergies? _____

Permission Agreement

I give permission to Mindy Green to be in charge of my child/children while involved in activities at 70 Roton Avenue, Rowayton, CT. In case of an accident, I give permission to Mindy to administer first aid, and if parent, etc, is not available, to transport child to a hospital emergency room. I prefer Stamford _____ or Norwalk _____.

Signed: _____ Date: _____