



STUDENT REGISTRATION FORM

Date: _____

STUDENT INFORMATION

Student Name (Last, First and nick name)

Student Age

Student Birthday

CLASS INFORMATION

Montessori Tides 3:00 – 4:00 pm Lower ed class Monday/ upper ed Wednesday

(location, time)

EMERGENCY CONTACT

Please fill out if student is under 18 years

(Parent or Guardian Name)

(cell phone)

(email)

Photos of your child and child's artwork will be taken during our classes, to be used in our Young Artist Journals. If you consent, photos of your child's artwork and/or of your child (without their name) will be posted via social media, on our website or used for promotional purposes. By signing below you agree photos of your child can be used for educational purposes or posted onto social media.

(Parent Signature and date)