



Class Registration

EMERGENCY CONTACT INFORMATION

Name of Artist:

Date of Birth:

Parent or Guardian:

Address: City Zip.....

Phone: Cell:

Work Phone:

Email Address: May we contact you via email?

Emergency Contact Person: Phone:

Allergies? If yes, to what?

Child's Physician: Phone:

Is your child taking any medication that we should know about?

Anything else we should know?

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1. Name of Class

Class Meeting Day

Class Meeting Time

2. Spring: January 4th – February 12th

Class	Time	Monthly Payment
Tots Class	10:00 - 11:15	20-36 months \$225/Session or 2 easy payments of \$115
Imagine & Create	10:00 - 11:15	3-5 yrs \$225/Session or 2 easy payments of \$115
Imagine & Create	1:00 - 2:30	3.5- 5 yrs \$252/Session or 2 easy payments of \$126
Sibling Class	10:00 - 11:15	20 months - 5 yrs ... 1 Child \$225/Session or 2 payments of \$115 (+ \$25 materials fee) 2 children \$406/Session or 2 payments of \$203+ \$25 (x 2 materials fee)
Sibling Class	1:00 - 2:30	20 months - 5 yrs ... 1 Child \$252/Session or 2 payments of \$126 (+ \$25 materials fee) 2 Children \$454/Session or 2 payments of \$227 + \$25 (x 2 materials fee)
Imagine & Create	4:00 - 5:30	5-14 years..... \$252/Session or 2 easy payments of \$126

1. Add appropriate materials fee.
2. If you would like to make a one time payment include the materials fee for the appropriate amount.
3. Return this form, permission form and payment to Clementine

Sibling discount: Apply 10% discount to the second tuition if your children will attend the Clementine during the same semester.

3. Payment

Monthly Payment Option

I give my permission for Clementine Studio to bill my credit card on the first business day of each month during the semester for which I am enrolled. I understand that I am responsible for the full semester charge divided into three monthly payments and that Clementine’s standard refund policy applies.

I Would like more information on your membership program with benefits like free ARTPLAY for one year, class discounts, and more

I would like to sponsor one child from the Family Learning Center for a session of art at Clementine.

Amount check box \$25 \$50 \$100 Other_____

I would like to pay using

Cash Check Credit Card (Mastercard, Visa or American Express)

Card Number Expiration Date

Signed

Return This Form With Payment To
Clementine Studio
2590 31st Street Boulder, CO 80301
www.clementinestudioboulder.com