



1438 Aldersbrook Rd., London, ON. N6G 3V7
 Tel - 519 471 4 ART (4278)
 www.artventure.ca info@artventure.ca

REGISTRATION FORM

Student Name _____ Parent / Guardian _____

Address _____

City _____ Postal Code _____

Phone _____ Cell _____ E-mail _____

If student is a minor - Date of Birth _____ Grade _____

How did you hear about ArtVenture Art Studio? _____

Emergency Contact same as above or

Name _____ Relationship _____

Address _____

Phone _____ Cell _____ Other Number _____

Medical or health conditions requiring special attention: _____

I hereby give ArtVenture permission to seek medical attention in the event of an emergency.

Occasionally ArtVenture takes pictures of students in class and their art for promotional literature and for our website. If you have any concerns please talk to our staff.

Signature _____ Date _____

For office use

P&T / SK / 1-3 / 4-6 / 7-9 / 10-12 / Adult / Open Studio / Workshop / Other _____

Day _____ Time _____

Term W – S – F _____

Payment _____ Date _____

Number of classes _____ @ _____

Payment _____ Date _____

Tuition \$ _____

Payment _____ Date _____

\$5 x Instalments + _____

Payment _____ Date _____

Discount - _____

Total \$ _____