

# HumeArt Studio

300 Robert Street Suite 1 | Slidell, LA 70458  
985-290-6440 | cbhume3@CBHumeArtStudio.com | www.HumeArtStudio.com

## Children Registration Form

(Ages 4–5)

Name \_\_\_\_\_ Age (required if student is under 18) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_ Home \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please list any allergies/medical conditions (required if student is under 18):

\_\_\_\_\_

Siblings' Names and Ages:

\_\_\_\_\_

\_\_\_\_\_

Please list any other adults permitted to pick up child from HumeArt Studio:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Do you or your child have comments or special requests for classes? Please use this space to let us know what your child might like to learn how to paint!

\_\_\_\_\_

\_\_\_\_\_

Print (Parent/Guardian name if under 18) \_\_\_\_\_

Signature (Parent/Guardian if under 18) \_\_\_\_\_

Date \_\_\_\_\_