

HumeArt Studio

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

Youth Registration Form

(Ages 7–12)

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 _____