

Summer 2008 REGISTRATION FORM

Parent's Name:	Caregiver:	
Address:	City:	Zip:
Phone: (h)	Phone: (w/c)	
Email:	Allergies:	
Child's Name:	D.O.B:	
1 st Choice Class Date & Time:	2 nd Choice Class Date & Time:	
2 nd Child's Name:	D.O.B:	
1 st Choice Class Date & Time:	2 nd Choice Class Date & Time:	

Check our website for current class availability, www.themessyartist.com

Make check payable to: The Messy Artist

Mail to: The Messy Artist, 60 Valley St., Rear Entrance, South Orange, NJ 07079

Confirmation Policy: *If you do not get your first choice, you will get a phone call immediately upon receipt of registration. If you do get your first choice, you will receive an email confirmation a few weeks before the start of the session.*