

REGISTRATION FORM

(Only one registration per family needed)

Student Name(s) & Age/Grade: _____

Parent's Name (if under 18 years of age): _____

Address: _____

City: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

Payment: charge _____ cash _____ check# _____ rcpt# _____

Payment to *The Chartreuse Muse* must accompany the registration form to reserve your space. Forms of accepted payment are check, cash, and Visa or MasterCard. Credit is not given for missed classes.

Please note that The Chartreuse Muse documents and posts photos of our students and teachers for marketing and education purposes.

I have read and understand the Chartreuse Muse Art School Policies:

Signature: _____

How did you hear about us? _____

Charter School: _____

Deposit: \$50 per student _____ Deposit #: _____

Class Name: _____

Dates: _____ Times: _____ Cost: _____

Class Name: _____

Dates: _____ Times: _____ Cost: _____

Class Name: _____

Dates: _____ Times: _____ Cost: _____

Class Name: _____

Dates: _____ Times: _____ Cost: _____