

Inside Out Art Studio Class Registration Form

4041 N Milwaukee, Suite 302, Chicago, IL. 60641

Name _____

Child's Name _____ Age _____

Address _____ City _____ State _____ *Zip _____

Telephone (home) _____ (work) _____ (cell) _____

CLASS _____ **E-Mail** _____

Tuition _____

Emergency Contacts _____

Please inform us of any allergies or medical conditions which require special attention

Tuition is refunded or make-ups are scheduled only if class is cancelled by Inside Out....
Refunds are not available if a student withdraws after the first day of class. The undersign
releases any images of the student or their work for purposes of promotion and
dissemination by Inside Out Art Studio.

Parent/Guardian Signature _____

Date _____