



Developing Creativity & Imagination

Art Class Registration

2 hour Session Program Offered
2nd to 5th Grades

Watercolor, Acrylic, Creativity and Imagination

Name of Student _____ (Please print)

Name of Parent or Guardian _____ (Please print)

Parent or guardian should sign below acknowledging permission for the student to participate in the class and that she/he has read and is in agreement with this contract.

Address: _____ (City) _____ (Zip) _____

Phone (day) _____ (Evening) _____ E-Mail _____

School: South Oceanside—weekly Program, \$60.00, Supplies are Free, Wednesdays, Sponsored by PTO, Thursdays, 1:15—3:15pm. (turn in payment and form to Art Teacher in Class)

School: Libby Elementary—6 Week Program, FREE, Sponsored by PTO, Thursdays, 3:35 - 5:35pm (turn in form to front desk)

School: Garrison Elementary School, 12 Week Program, \$60.00, Supplies Free, Fridays, 3:35 - 5:45pm Sponsored by PTO, managed by BASE Program (turn in payment and form to front desk)

Methods of Payment Offered:

Paid: by Check (#) _____ Payable to: The Stardust Arts and sent to
2070 Gayle Way, Carlsbad, CA 92008 - 760-519-1551

Cash _____

VISA/MC (only) Card # _____ Exp Date _____

Signature of card holder : _____

The undersigned student is participating in this hereby acknowledges and understands that she/he will receive no refund for this class unless it is cancelled by: designated Elementary School or The Stardust Arts.

It is further acknowledged that the students and his/her artwork may be photographed for publicity purposes by The Stardust Arts. No names will be divulged unless approved by the parent/guardian.

Date _____

Signature of Parent or Guardian

Thank You

www.thestardustarts.com Cheryl Ehlers 760-519-1551