



POWHATAN, VIRGINIA
804-598-6677

www.oldriverart.com • shelly@oldriverart.com

**CREATIVE AFTERNOONS - PROGRAM GRADES K - 6
REGISTRATION FORM**

INFORMATION

Last Name: _____
First Name: _____
Home Address: _____
Phone, Home, Cells: _____
School: _____
Grade (008-009): _____
Birthdate: _____

SEX:

BOY
 GIRL

Child resides with: Mother
 Father
 Both

Any Needs? Yes
 No

(An information form will be sent.)

It is my goal is to be inclusive, proactive, and supportive for all who come to the studio.

* Additional form information required on Page 2

Did someone recommend you to Old River Art: YES NO

If yes, whom? _____

If no, where did you hear about Old River Art Style Weekly Internet Brochure Other

PAGE - 2 OLD RIVER ART INFORMATION

PARENT INFORMATION FOR STUDENTS

MOTHER:

Last Name Mrs/Ms/Dr: _____
First Name: _____
Address: _____
City / State / Zip: _____
Home Phone: _____
Business Phone: _____
Cell Phone / Pager: _____
E-mail Address: _____

FATHER:

Last Name Mrs/Ms/Dr: _____
First Name: _____
Address: _____
City / State / Zip: _____
Home Phone: _____
Business Phone: _____
Cell Phone / Pager: _____
E-mail Address: _____

IN CASE OF EMERGENCY (OTHER THAN PARENTS)

Name 1: _____
Phone 1: _____
Relation to the Child 1: _____

Name 2: _____
Phone 2: _____
Relation to the Child 2: _____

Physician: _____
Phone: _____

| |
|--|
| Mail payment to: Shelley Old River Art 3917 Old River Trail Powhatan, VA 23139 COST: \$ _____ Total Enclosed: \$ _____ |
|--|

Child will not be released to anyone other than the above without written consent of parent or legal guardian.

Program fees must be paid in full prior to acceptance of this registration unless a payment plan has been confirmed with Shelley

X _____
Signature of the individual responsible for Payment Date