



# Class Registration

Class Title \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Total \$ \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Work Phone# \_\_\_\_\_ e-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Allergies or medical conditions? If yes, please list \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Anything else we should know? \_\_\_\_\_

If you need to miss a class, please let us know prior to the start of class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail Payment to: Wintertree Design & Illustration, 411 Park Ave., River Forest, IL 60305, Phone: 708-488-1416, Cell: 630-309-1606