

**Child's Name:**

\_\_\_\_\_  
Last First Intial  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Present Grade Level \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

**Enrolling Parent Name:**

\_\_\_\_\_  
Last First Intial  
Relationship to child: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

The following have my permission to pick up my child (must show a picture I.D.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Enrollment Choice:**

**\$400 per session (If paid in full by May1 \$350 - \$50 discount)**  
**All application must include \$100 deposit to reserve place in class**  
**Checks payable to : On The Rocks Art Studio & mail to:**  
307 Canal Park Drive, 3rd Floor, Duluth MN 55802



- I am enrolling my child in Session 1 JUNE 12-16
- I am enrolling my child in Session 2 JUNE 26-JUNE 30
- I am enrolling my child in Session 3 JULY 17-21
- I am enrolling my child in Session 4 JULY 31-AUG 4

**A SPLASH OF CREATIVITY !**