

500 San Agustin Avenue, Laredo, TX 78040

www.LaredoArtCenter.org PH 956.725.1715 FX 956.725.1741

**AFTER-SCHOOL ART CLASS REGISTRATION**

**APPLICANT INFORMATION**

Parent Name:

Primary Phone: Secondary Phone:

Address: City: State: Zip Code:

Email:

Student Name: Age:

Primary Phone: Secondary Phone:

Email:

**CLASS INFORMATION**

The student named above has registered and paid for:

[ ]  NOVEMBER 2018

[ ]  TUESDAY: 6:30-7:30

Classes are $60 per month per student. Supplies are included.

**STUDENT PROFILE**

Art Experience:

Medical Concerns:

Other Information:

I hereby grant permission to Laredo Center for the Arts, to take and use: photographs and/or digital images of the student being enrolled for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications.

Parent or Guardian’s Signature Date

OFFICE USE ONLY

[ ] PAID [ ] UNPAID DATE PAID

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