



CLASS REGISTRATION

Class Title _____ Day _____ Time _____

Total \$ _____

Student _____ Age _____

Parent or Guardian _____

Address _____

City _____ Zip _____

Phone _____ Cell _____

Work _____ Email _____

Emergency Contact _____ Phone _____

Allergies? If yes, please list. _____

Child's Physician _____ Phone _____

Please list any medications your child is currently taking. _____

Anything else we should know? _____

**Please sign, date, and mail this form along with your check made payable to
Paintbox Kids to 1383 East Washington Blvd. Pasadena CA 91104**