



WORKSHOP REGISTRATION

Class Title _____ Day _____ Time _____

Total \$ _____ Method of Payment _____

Student's Name _____ Age _____ School _____

Parent or Guardian _____

Address _____

City _____ Zip _____

Phone # _____ Cell # _____

Work # _____ Email _____

Emergency Contact _____ Phone _____

Allergies? If yes, please list. _____

Child's Physician _____ Phone _____

Anything else we should know? _____

I understand that workshop fees are non-refundable.

Signature _____ Date _____

Paintbox Kids 626.808.0330

Mail Payment to 1383 E Washington Blvd. Pasadena CA 91104