REGISTRATION FORM

monart DRAWING STUDIO

Student's Name _____ Age _____ DOB _____
Class Title _____ Time _____

Student's Name _____ Age _____ DOB _____
Class Title _____ Time _____

Student's Name _____ Age _____ DOB _____
Class Title _____ Time _____

Please include Full Tuition with this form.

How did you hear about us? _____

Age 14 Gouache

EMERGENCY CONTACT FORM

Parent/Guardian _____ Phone - h (_____) _____
Street _____ w (_____) _____
City _____ Zip _____ c (_____) _____
Email _____

Physician _____ w (_____) _____
Medical Plan _____ Plan # _____
Allergies _____

Emergency Contact _____ Phone - (_____) _____

I hereby give Monart personnel permission to see that my minor/child receives medical treatment in an emergency.

Signature _____ Date _____

Make Checks Payable to: **MONART**

Return this form to: **Monart Drawing Studio**
628 South Arthur Avenue
Arlington Heights, IL 60005

Age 12
Mixed
Media

Tuition/Payment Information:
Tuition is due the first class of each month. Past due tuition will be charged a $15 late fee. Tuition will be pro-rated for mid-month enrollment. Missed classes cannot be deducted from tuition and there are no make-ups. Refunds will only be granted when a class is cancelled by the Director or registration is received for a class that is full. A student's place is held from one month to the next. We must, however, have **TWO WEEKS ADVANCE NOTICE** should a student withdraw from a class. If this notice is not received it is assumed the student is continuing and paymentis expected for the following month.