



325-1 South Calumet Road, Chesterton IN 46304 • Phone: 219-405-0614 • artsmithstudio@gmail.com • www.artsmithstudio.org

Studio Class Registration Form

Date _____
Student's Name _____
Parent/Guardian (if applicable) _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____
Emergency Contact _____ Phone _____
Medical Conditions/Food Allergies _____

Class Selection - \$200 per 10-week session

Studio Class - Ages 7-12

___ Monday 4pm-6pm ___ Wednesday 4pm-6pm ___ Saturday 10am-12pm

Studio Class - Ages 13-18

___ Tuesday 4pm-6pm ___ Thursday 4pm-6pm ___ Saturday 1pm-3pm

Evening Studio Class - Ages 18 and up

___ Tuesday 7pm-9pm ___ Thursday 7pm-9pm

\$ _____ **Total Tuition Due with Registration Form**

Start Date _____ **End Date** _____

Registration, Refunds, and Fees:

Registration is accepted on a first come first serve basis, as space is limited. Payment is due with registration. No refund will be given for missed classes. Two make up classes are allowed per session and must be prearranged. Tuition is refundable only if the Artsmith Studio is notified before the second class of your session meets. A \$30 fee will be deducted from tuition if you withdraw from a class.

I have fully read and accept the Artsmith Studio policies regarding registration, refunds, and fees.

Signature _____