

Art N' Smart

Class Registration



STUDENT INFORMATION

Last Name: _____ First Name: _____

Age: _____ Gender: _____ Grade: _____

Name of Day School: _____

Home Address: _____

Postal Code: _____ Home Phone: _____

CLASS INFORMATION

Desired Classes & Times: _____

PRIMARY CONTACT

Last Name: _____ First Name: _____

Relationship to Student: _____

Cell Phone: _____ WeChat ID: _____

Email Address: _____

SECONDARY CONTACT

Last Name: _____ First Name: _____

Relationship to Student: _____

Cell Phone: _____ WeChat ID: _____

Email Address: _____

MEDICAL INFORMATION

Health Card Number: _____

Medical Needs (if Applicable):

*If your child has an allergy, please complete an Allergy Alert Form so that our staff can be prepared to care for your child. If your child requires any additional care, please contact us.

ATTENDANCE AND CANCELLATION POLICY

Group Classes:

In order to ensure a high quality of learning, it is important that students regularly attend their registered classes. When students are frequently absent, the teacher and other students must spend time reviewing missed content. Per term, students may miss 2 classes per subject. If your child will miss further classes, please contact us.

Private Lessons:

Private Lessons must be cancelled a minimum of 24 hours in advance. Short-notice cancellations will still be charged a class fee,.

Signature: _____ Date: _____

FOR ACADEMY STAFF USE ONLY

Course Number:	
Method of Payment:	
Total Fee Paid:	
Date:	
Resgitation Teacher:	