



REGISTRATION FORM

Please print, fill out and mail this registration form, along with a check payable to:
Red Confetti Art Studio, 153 Regent Street, Suite 1020, Saratoga Springs, NY 12866

Child's Name: _____ **Age:** _____

Address: _____ **Zip:** _____

Parent: _____

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____

Emergency Contact Person: _____

Relationship to child: _____

Who is authorized to pick up your child from camp?

Class choices:

Children Classes

Art Camps

Workshops