



Corbie Arts

Registration Form

Day and time of Class : _____

Student: _____ Age: _____

Parent/Guardian _____

Address: _____

Email address: _____

Phone: (Home): _____ (Cell): _____

Emergency Contact: _____ Phone: _____

Emergency medical attention may be given before I arrive. Yes ___ No ___

Allergies: _____

Please share any information about your child that would help me in teaching him/her. _____

I give permission for my child to be photographed for promotional projects.

Yes _____. No _____

Please mail this form and tuition to: Kristina Massey
8220 Gage Blvd. #717
Kennewick, WA. 99336

Please make checks payable to Kristina Massey