



ENROLLMENT APPLICATION		
STUDENT INFORMATION		
Student Name:		
Date of birth:	Gender:	Phone:
Email Address:		
Home Address:		
City:	State:	ZIP Code:
SCHOOL INFORMATION		
Current School Attending:		
Other Art Programs attended:		
Career Aspiration (graphic designer, animation artist, game designer, etc.):		
Current Grade:	Graduation Date:	Favorite Subject:
EMERGENCY CONTACT		
Parent or Guardian:		
Address:		Phone:
City:	State:	ZIP Code:
Email Address:		
Alternate Contact:		Phone:
PLEASE LIST NAME(S) OF INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD:		
Name:	Relationship:	
Name:	Relationship:	
Password to pick up student:		
OTHER INFORMATION		
Food Allergies:		
HOW DID YOU HEAR ABOUT US?		
SIGNATURES		
I hereby acknowledge the information to be true and agree to the terms of enrollment.		
Signature:		Date: