



Registration Form

Student's Name _____ Age ____ DOB _____
Class Title _____ Time _____

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11 yrs Oil Pastel

Please include Full Tuition with this form.

How did you hear about us? _____

Emergency Contact Form

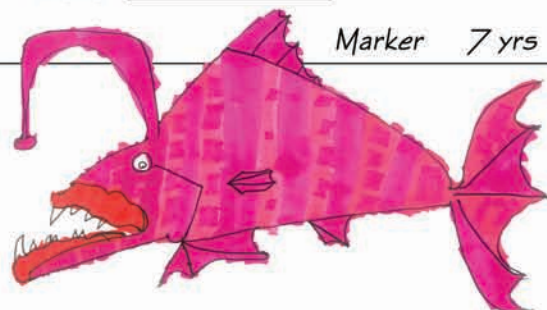
Parent/Guardian _____ Phone - h (____) _____
Street _____ w (____) _____
City _____ Zip _____ c (____) _____
Email _____

Physician _____ w (____) _____
Medical Plan _____ Plan # _____
Allergies _____

Emergency Contact _____ Phone - (____) _____

I hereby give Monart personnel permission to see that my minor/child receives medical treatment in an emergency.

Signature _____ Date _____



Marker 7 yrs

Make Checks Payable to: **MONART**

Return this form to: **Monart Drawing Studio**
628 South Arthur Avenue
Arlington Heights, IL 60005

Tuition/Payment Information:

Tuition is due the first class of each month. Past due tuition will be charged a \$15 late fee. Tuition will be pro-rated for mid-month enrollment. Missed classes cannot be deducted from tuition and there are no make-ups. Refunds will only be granted when a class is cancelled by the Director or registration is received for a class that is full. A student's place is held from one month to the next. We must, however, have **TWO WEEKS ADVANCE NOTICE** should a student withdraw from a class. If this notice is not received it is assumed the student is continuing and payment is expected for the following month.