



THE ARTS INSTITUTE
OF MANSFIELD

REGISTRATION FORM 2012-2013

Family Name:

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Address-.....

City-..... Zip-.....

Mother's Name-..... Home Phone-.....

Cell Phone-..... Work Phone-.....

Email-.....

Father's Name-..... Home Phone-.....

Cell Phone-..... Work Phone-.....

How did you hear about us?.....

Family Member #1:

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Birthday-..... Age:..... Grade-..... School-.....

Medical Information: (allergies, ADD, Asthma, etc.).....

Male Female

Class-.....



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Family Member #2:

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Birthday-..... Age:..... Grade-..... School-.....

Medical Information: (allergies, ADD, Asthma, etc.).....

Male Female

Class-.....

Family Member #3:

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Birthday-..... Age:..... Grade-..... School-.....

Medical Information: (allergies, ADD, Asthma, etc.).....

Male Female

Class-.....