



**Student's Name \***

First Name      Last Name

**Parent or Guardian's Name \***

First Name      Last Name

**Mailing Address \***

Street Address

Street Address 2

City      State / Province

Postal / Zip Code

**Phone # \***

Area Code      Phone Number

**E-mail \***

example@example.com

**How did you hear about this program? \***

**If "Other", please specify**

**Are you able to provide transportation to and from class each month? \***

NO

**Is your child enrolled in a school within Columbia County, Florida? \***

YES

NO

**What is the name of the school? \***

**What grade is your child in? \***

First

Second

Third

**Food Requirements \***

Vegan

Gluten Free

Other

Vegetarian

Peanut allergy

None

**Is child a Youth Art League member? \***

YES

NO

**If "Other", please specify**

**Questions or comments:**