

# THE LITTLE HOUSE OF ARTS

## Registration Form

Name: \_\_\_\_\_ Father/Mothers Name: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Course Description: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Any Food Allergies? Let me know \_\_\_\_\_

Permission to photograph your child for advertising purposes? **YES** **NO** (circle one)

Please enclose payment along with this registration Form:

Cash or checks made out to: **The Little House Of Arts**

**The Little House Of Arts**

157 Front Street

Scituate, MA 02066

781.545.9326

[www.TheLittleHouseOfArts.com](http://www.TheLittleHouseOfArts.com)