



Register for Classes!

CLASS TITLE _____ DAY _____ TIME _____ CLASS FEE _____

STUDENT'S NAME _____ BIRTHDATE _____

NAME(S) OF PARENT(S) OR GUARDIAN(S) _____

ADDRESS _____

Telephone Numbers CELL _____ HOME _____

WORK _____ IN CASE OF EMERGENCY _____

E-MAIL ADDRESS(ES) _____

ALLERGIES AND OTHER PERTINENT MEDICAL INFORMATION _____

SIGNATURE OF PARENT(S) OR GUARDIAN(S)

DATE

Photography Waiver I allow photographs of my child taken in his or her class to be placed on the Rumphius website and/or to be used for marketing materials.

PRINTEDNAME(S) _____

SIGNATURE OF PARENT(S) OR GUARDIAN(S)

DATE

Please make checks payable to "Rumphius Creativity Unhinged"
Send check with form to: 5A GOULD RD. WESTFORD, MA 01886

Emily Piper

OWNER, ARTIST AND EDUCATOR

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