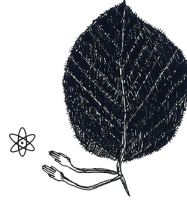


**2019 After School
REGISTRATION FORM**



Wisdom Arts Laboratory
526 East Orange Grove Blvd.
Pasadena, CA 91104-4351
626-318-0897

WISDOMARTSLABORATORY.COM
info@wisdomartslaboratory.com

Please complete the following for each new Student / Sibling

1. First Name _____ Last _____

a. Birthday __/__/__ b. Age ____ c. Boy ___ Girl ___

2. First Name _____ Last _____

a. Birthday __/__/__ b. Age ____ c. Boy ___ Girl ___

Contact: Parent / Guardian

First Name _____ Last _____

Phone Number _____ - _____ - _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Alternate Parent / Guardian Information

First Name _____ Last _____

Phone Number _____ - _____ - _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Alternate Phone Number for use in Emergencies: _____

Allergies? _____

Have you paid the **One Time Family \$35 Registration Fee?** Yes ____

_____ I hereby give permission to use images of my child for documetation, filming and promotion **(Initial Here - Yes ____, No ____)**

Parent or Guadian Signature _____ **Date** ____ / ____ / ____

WAL has partnered with Friends Western School (FWS) to provide childcare during after-school classes. Tuesday, Wednesday and Thursday classes are included, if you sign up and pay through FWS Childcare.

All payments are non-refundable, cancellations are credited and can be used for future programming.
Pay on-line at wisdomartslaboratory.com, or mail a check addressed to **Wisdom Arts Laboratory**