

Registration Form

Please type in the following required information beside the question.

Save this document and email it to:

carolinescreativeinitiatives@gmail.com

Child's name:

Child's age:

Gender (if you would like to specify):

Allergies:

Any Special Needs:

Any Previous Arts Experience:

Parent or Guardian name:

Address:

Phone number:

Emergency Contact name:

Phone Number:

Method of Payment:

Anything you feel we should know to enhance your child's experience: