

Heart Centered Enrichment Programs for Children
www.SACREDARTISTWITHIN.com
(551) 482-3488

## **Registration Form**

Welcome to Sacred Artist Within			
Child's Name	<u> </u>	Grade:	
Date of Birth:			
School:		Room Number:	
Address:		Home Phone:	
Parent/ Guardian Name:	Mother:	Father:	
Parent Employment:			
Work Phone:			
Cell Phone:			
Does your child have any specific health issues?			
☐ Yes	□ No		
If so explain:			-
Registration Events  4-Week Summer  10-week Sunday			
_	on Forward	Session 11-1 Adventure Trip 10 Week Sunday	
∐ Adult	Mandala Class Child Mandala Class	Session 4-6 Design for Junior	Designers
Please sign b	elow. Thank you.		
Parent/Guard	lian Signature	Date:	