

The Sense of Wonder Art Classes

Pamela Stevens Benjamin
PO Box 1558
Vineyard Haven, MA 02568

Registration Form

Date _____

Name of Child _____

Sex of Child M F

Date of Registration _____ Age _____ Birthday _____ Grade _____

Email Address _____

Phone Number h: _____ w: _____

Cell Number _____

Parent's Names _____

Address _____

Mailing Address _____

School _____

Homeschooled _____

Please Choose Class Day:

Monday

Tuesday

Wednesday

Thursday

Friday