



**Monart Art School of Ottawa**

2445 St.Laurent Blvd., Suite B244

Ottawa, Ontario K1G 6C3

613-260-0483

[www.vickysartstudio.com](http://www.vickysartstudio.com)

**Registration**

**Basic Information**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Class Title \_\_\_\_\_

Time & Day \_\_\_\_\_

**How did you hear about Monart?**

\_\_\_\_\_

**Emergency Information (kept confidential)**

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Known Allergies \_\_\_\_\_

I hereby give Monart staff permission to see that my minor child receives medical attention in the event of an emergency and I have read and acknowledge my acceptance of the Tuition and Enrollment Policy.

Signed \_\_\_\_\_

Date \_\_\_\_\_