



冰冰画室

Registration

Fall /Winter Spring Summer
 NEW STUDENT

Please fill out ALL FIELDS, print form, sign form. Please bring your registration form with payment. Make checks payable to Wei Biao Yan.

Student Name: _____

Date of Birthday (MM/DD/YY): _____ Grade in School: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phone No.: _____ Work No. or Cell No.: _____

Contact (in case of emergency): _____ Phone No.: _____

COURSE TITLE/ DAY/TIME: _____

SESSIONS & FEE: _____

Photo Release:

Bing Bing Studio DOES / DOES NOT (please circle one) have my permission to use photos of my child for publicity.

Makeup Policy:

Your class time is set in my schedule, please make every effort to keep this free from other activities
No refund for unattended class will be issued.

PARENT SIGNATURE _____ DATE _____