

ART REGISTRATION FORM

Elementary School – 2nd – 5th grade

Dr. Michael Jarrett, Director
Wesleyan Teaching Studios
1917 N. Centennial Street
High Point, NC 27262

884-3144
mjarrett@wcatrojans.org

Student Name _____ Grade _____
LAST FIRST

Parent/Guardian_____

Address_____

City_____State_____Zip_____

Contact Numbers:

Home_____Cell_____Work_____

Email: (the one you check regularly)_____

Area of Study: ART

Registration: \$10 for returning fall students; \$20 for new spring students

Art Materials: \$20 (non-refundable)

Tuition: \$100

8-week class: Tues., Oct. 1 – Nov. 19

Payment is due before the start of class.

Total Enclosed: _____

Make checks payable to: WCA.

Payment may be made directly to Dr. Jarrett, dropped off at the front office, or mailed to the school address listed above.

*Please email Dr. Jarrett to check class availability **before** sending form or fees.