

Frank Suites  
 18 Frank Street  
 Between 6th & 7th Avenues  
 Newton Park, Port Elizabeth, 6045



071 475 9159  
 info@theartoflearning.co.za  
 theartoflearningpe@gmail.com  
 www.theartoflearning.co.za

## REGISTRATION FORM FOR COUPLES ART CLASS

### INFORMATION OF ART STUDENT (1)

<b>Current School Grade</b>	
<b>Name of School or Place of Work</b>	
<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>Date of Birth</b>	
<b>Physical Home Address (not PO Box)</b>	Postal Code
<b>email</b>	
<b>Mobile Number</b>	
<b>Work Tel Number</b>	
<b>How did you hear about us</b>	
<b>Medical conditions we should know</b>	
<b>Do / Did you take Art at school</b>	
<b>Relationship to Student (2)</b>	
<b>What kind of Creative Art do you want to learn more about?</b>	3-D Object Construction / Mosaic / Calligraphy / Clothing Decorating & Fabric Painting / Collage and Mixed Media / Drawing: Pencil, Charcoal, Pastel, Pen & Ink / Painting: Oil, Acrylic, Gouache, Watercolour / Perspective Drawing / Other (Please specify):
<b>Date</b>	
<b>Signature</b>	

### INFORMATION OF ART STUDENT (2)

<b>Current School Grade</b>	
<b>Name of School or Place of Work</b>	
<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>Date of Birth</b>	
<b>Physical Home Address (not PO Box)</b>	Postal Code
<b>email</b>	
<b>Mobile Number</b>	
<b>Work Tel Number</b>	
<b>How did you hear about us</b>	
<b>Medical conditions we should know</b>	
<b>Do / Did you take Art at school</b>	
<b>Relationship to Student (1)</b>	
<b>What kind of Creative Art do you want to learn more about?</b>	3-D Object Construction / Mosaic / Calligraphy / Clothing Decorating & Fabric Painting / Collage and Mixed Media / Drawing: Pencil, Charcoal, Pastel, Pen & Ink / Painting: Oil, Acrylic, Gouache, Watercolour / Perspective Drawing / Other (Please specify):
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**WHO TO CONTACT IN CASE OF EMERGENCY**

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>email</b>	
<b>Mobile Number</b>	
<b>Home Tel Number</b>	
<b>Work Tel Number</b>	
<b>Name of Work Place</b>	

**INFORMATION FOR INVOICING**

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>email</b>	
<b>Mobile Number</b>	
<b>Home Tel Number</b>	
<b>Work Tel Number</b>	
<b>Name of Work Place</b>	
<b>ID / Passport Number</b>	
<b>Physical Home Address (not PO Box)</b>	Postal Code
<b>Postal Address</b>	Postal Code
<b>Method of Payment</b>	
<b>Relationship to Art Student(s)</b>	
<b>Date</b>	
<b>Signature</b>	

**PICK A DAY AND TIME**

<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	
<b>Date of Couples Class</b>	

**Couples Art Class Fees to be paid in advance:  
 R 200 for 1 x 2-hour Class**