

# THE STUDIO Art Classes with Debra Bianculli

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(508) 826-5725 [www.debrastudio.com/classes](http://www.debrastudio.com/classes) d.bianculli@gmail.com

This is an indoor/outdoor art class event taking place in a garage and outdoors. Artists should come dressed for mess, with a hat or wearing sunscreen. All artists need a daily snack (or 2!) and a drink. *A \$40 deposit is due with this form and full class payments are kindly due by June 30th via Venmo @debrastudio or by check made out to Debra Bianculli*

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Grade entering in Fall:** \_\_\_\_\_ **Favorite Media:** \_\_\_ Drawing \_\_\_ Painting \_\_\_ 3D \_\_\_ Mixed Media \_\_\_ All of it!

## Sessions Attending \$200/Week or \$40 per day:

- Session 1 (ages 6-11) 7/1-5 \_\_\_ Weeklong or indicate day \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F  
 Session 2 (ages 4-7) 7/15-19 \_\_\_ Weeklong or indicate day \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F

**Parent's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_@\_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Alternate Person Picking Up:** \_\_\_\_\_

**Alternate Person's Phone:** ( ) \_\_\_\_\_ **In case of emergency # and name** \_\_\_\_\_

## **About The Artist** - Please check off areas of interest and add your own, too!

\_\_\_ I like to explore and try new things \_\_\_ I like to stick with what I know \_\_\_ clay and sculpting  
\_\_\_ painting on paper \_\_\_ decorating \_\_\_ building \_\_\_ making things to use or wear

**Shirt Size:** Toddler \_\_\_\_\_ Youth S M L Adult S M L

## **Health + Happiness**

Please share anything Debra should know about the artist so they can have a happy, healthy successful art experience! (social, emotional, health, etc) \_\_\_\_\_

**Allergies:** \_\_\_\_\_

## **Some invitations to create can involve making a creative snack!** Please indicate your child's participation level

- \_\_\_ My child can have a treat during class (popsicle, lemonade, fruit, cookie, etc)  
\_\_\_ My child can have a treat that is free of their allergens listed above  
\_\_\_ My child cannot have a treat during class and I will be providing everything they consume  
\_\_\_ I would prefer if this option is not available during my child's enrollment days

**Notes or other information:** \_\_\_\_\_  
\_\_\_\_\_

Please return this form filled out by June 30th. Email this as a completed pdf, or a photograph of a filled-out hard copy to [d.bianculli@gmail.com](mailto:d.bianculli@gmail.com). You may also mail a hard-copy with payment check to the address at the top of the form, along with a signed WAIVER.