

# THE STUDIO Art Classes with Debra Bianculli

32 Saint Mary's Drive Jefferson, MA 01522  
(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 outside. Artists should come dressed for mess, with a hat or wearing sunscreen. All artists need a daily snack (or 2!) and a drink. A \$30 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 3-6) 7/24-28 \_\_\_\_\_ Weeklong or indicate day \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F  
 Session 2 (ages 6-11) 7/31-8/4 \_\_\_\_\_ 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

Favorite Themes (ie trucks, penguins, unicorns etc): \_\_\_\_\_

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 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.