

## Registration Form

<b>STUDENT INFORMATION</b>
Name:
Birth Date:
Cell #:
Email:
School Attending / Grade:
VAI Class(es) Selected:
How did you learn about VAI?

To hold a class spot send a deposit of \$95 payable to  
**Visual Art Institute** (1838 S. 1500 E. SLC, UT 84105)

<b>PARENT INFORMATION</b>
Parent(s) Name(s):
Email:
Home #:
Cell #:
Employer:
Work #:
Billing Address:
Emergency Contact Name:
Emergency Contact #:

### Liability

While every precaution is taken to ensure the safety of your child, VAI is not responsible for injury, damage to property by students, during or after class, at the school, at off site locations, or in transit. By signing this I am indicating that I have read, understand and agree to abide by all the policies\* of Visual Art Institute.

\*A complete list of all of VAI's polices can be found on our website: [www.visualartinstitute.org](http://www.visualartinstitute.org)

<b>Parent Signature/Date:</b>
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<b>Student Signature/Date:</b>
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