



INTERMEDIATE

2014 Registration Form for the Jr. Visual Arts Academy Program

Child's Name _____ **Please Circle Child's T-shirt Size: SY MY LY SA MA LA XLA**

Parent's Name _____ Street Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Day Phone (____) _____ Evening Phone (____) _____

Cell Phone (____) _____

Gender M / F Date of Birth _____ Fall 2013 _____

Grade Level _____

School Child Attends _____

Special Needs _____

Availability is limited. Registration fee includes class supplies, snacks and a T-shirt.

Return registration form (one for each attending child) and full payment of \$45 to:

*Brenda Mullard
Neenah High School
1275 Tullar Rd.
Neenah, WI 54956*

*If you have any questions please e mail or call:
bmullard@neenah.k12.wi.us*

(920) 751 - 6900 ext 158