

# The Sense of Wonder Art Classes

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# 2014-2015

## Registration Form

Name of Child .....

Sex of Child M  F

Date of Registration ..... Age ..... Birthday ..... Grade .....

Email Address .....

Phone Number h: ..... w: .....

Cell Number .....

Parent's Names .....

Address .....

Mailing Address .....

School .....

Homeschooled .....

*Please Choose Class Day:*

Monday

Tuesday

Wednesday

Thursday

Friday