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www.WinnsboroCenterForTheArts.com

REGISTRATION FORM: CHILD

(Must accompany payment)

Payment and form can be emailed, mailed, or dropped off at the center
from 10 a.m. to 5 p.m. Wednesday through Saturday.

Child Name _____ Age _____

Class Name _____ Class Day & Time _____

Parent/Guardian Name _____ P/G Phone # _____

Address _____ City _____ State _____ ZIP _____

Parent/Guardian Email _____

Emergency Contact Name _____ Emergency Contact # _____

Adult(s) Responsible for Child Pick Up _____

(Use separate sheet for additional children)

I give permission for my child's photo to be taken and their likeness to be used by WCA for promotional purposes.

I have read and agree to WCA's Child Permission Form & Release of Liability.

Special Circumstances

Please provide information to assist the teacher regarding your child's learning differences/allergies/special circumstances. Write below or on the back of this form.

I have read and understood the above. Signature _____ Date _____

PAYMENT

Discount or scholarship code: _____

Payment/Total Amount Enclosed \$ _____