



PERSONAL INFORMATION SHEET APPRENTICES & DROP-INS

Return this form on the first day of the program or email to info@artstart.us

PLEASE PRINT CLEARLY

Date:	
Name	
Preferred Pronouns:	She/her He/him They/their
Date of Birth	
Home Address	
Mailing Address (if different)	
Phone (cell)	
Email	
Parent/Guardian Email	

IN CASE OF EMERGENCY NOTIFY:

Name	
Phone (cell)	
Email	
Address	
Relationship	

HOW DID YOU HEAR ABOUT ARTSTART?