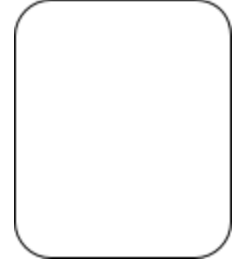


**ADMISSION FORM**

NAME: Mr./Mrs./Master./Miss: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mother / Guardian / Spouse: \_\_\_\_\_



Profession: Student ( ) Homemaker ( ) Teacher ( ) Doctor ( ) Architect ( ) Engineer ( ) Business man/woman ( ) Designer ( ) Other ( )

School/College Name ( for students): \_\_\_\_\_

Address: \_\_\_\_\_

Contact No. of student: \_\_\_\_\_ Parent: \_\_\_\_\_

Email address of student: \_\_\_\_\_ Parent: \_\_\_\_\_

**Studio 1: Seawoods-** Monday ( ) Friday ( ) Saturday ( )**Studio 2: Ulwe****Children-** Morning: Mon ( ) Tue ( ) Thu ( ) Fri ( ) Sat ( ) Sun ( )**Selected Batch/Time:** (11-12 pm) (12-1pm)**Children & Adults-** Tue ( ) Thu ( ) Sun ( )**Selected Batch/Time:** 4-5 pm ( ) 5-6 pm ( ) 6-7 pm ( ) 7-8 pm ( )**COURSE:** Regular learning ( ) Diploma ( ) Certification ( ) Therapeutic Art ( )

I understand that my or my child's enrollment in Art Palette is a \_\_\_\_\_ months commitment and it is my responsibility to be on time or prompt in drop-off / pick-up of my child.

\*A penalty of Rs 100 shall be levied after the 10th day of the due date. The admission tend to be cancelled if fees is delayed beyond month without any substantial reason. The decision of cancelling the admission lies at the sole discretion of the ART PALETTE - the premier art institute.

Read and accepted

Date and Signature of the Student / Parent / Guardian: \_\_\_\_\_

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**Web:** [www.artpalette.co.in](http://www.artpalette.co.in) | **Email us:** [artpalette2010@gmail.com](mailto:artpalette2010@gmail.com) | [info@artpalette.co.in](mailto:info@artpalette.co.in)Instagram: <https://www.instagram.com/artpalette2010/>Facebook: <https://www.facebook.com/thepremierartinstitute/>**Call:** 93204 42754 | 70213 66230 | 90044 20227**STUDIO 1:** Shop 3, Rose Apt., Plot 107/108, Sec 44, Seawoods, Nerul, Navi Mumbai-400706**STUDIO 2:** Shop 3, Tricity Pride, Plot 45/59, Sec 9, Ulwe, Navi Mumbai