

The Arts Center Spring 2018 Class Registration Form

Date: _____

Employee: _____

Student Information: New Returning

Student _____ Gender _____ Age _____ DOB _____ Grade _____

Parents'/Guardians' Name(s) Dr./Mr./Mrs./Ms. _____

Best Phone () _____ - _____ Alt Phone () _____ - _____

Address _____ City _____ State _____ Zip _____

Email _____

Father's Employer _____ Employer's Phone _____

Mother's Employer _____ Employer's Phone _____

Emergency Contact Information: Check if same as above

Name _____ Relationship to Student _____

Best Phone () _____ - _____ Alt Phone () _____ - _____

Address _____ City _____ State _____ Zip _____

The Foundation of Arts ("the FOA") assumes no liability for possible accident or injury. To the fullest extent allowed by law, I hereby agree to indemnify and hold harmless the FOA, its affiliated and associated agencies and enterprises, and their agents, officers, directors, and employees for any liability, loss, costs, claims, expenses, including attorneys' fees, arising from the performance/event, regardless of negligence attributable to the FOA, its agents or employees.

Parent/Guardian Signature

Permission for Print Media Release

I give permission for my child to be included in any above-stated print media coverage.

I DO NOT give permission for my child to be included in any above-stated print media coverage.

Medical conditions such as allergies, asthma, or injury?

Yes No

If YES, please describe:

For Office Use Only:

Spring Classes Selection

Class# _____ Cost \$ _____

Class# _____ Cost \$ _____

Class# _____ Cost \$ _____

Class# _____ Cost \$ _____

Class# _____ Cost \$ _____

Class# _____ Cost \$ _____

Class total with discounts \$ _____

Spring Showcase Fees \$25

Art Supply Fees \$20 \$35

Total Due \$ _____

Discounts:

2% (Paid in Full)

10% (3+, Multi Genre)

20% (New, RAF)

Supply Fees Waived

Do we, The FOA, have permission to process this credit card: Y N

Are you the cardholder: Y N

Cardholder's Name: _____

Payment Information:

Payer Name: _____

Charge Full Amount

Installment Form Completed (Must have voided check)
1/4 of semester total must be paid in addition to any fees at time of registration.

Applied for Tuition Waiver

Cash \$ _____

R

Check \$ _____ # _____

QB

Credit Card \$ _____

New

exp. date ____ / ____ cid _____

*Phone registration Parent/Guardian was told to sign this form before the student attends first class. _____