



# Fall 2009 Registration Form

STUDENT NAME \_\_\_\_\_ Age as of Sep. 1, 2009 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Guardians \_\_\_\_\_ Parent Email \_\_\_\_\_  
 Student Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Emergency Phone \_\_\_\_\_ (Medical issues must be reported to the office prior to the 1st day of class.)

MY CONTACT INFO HAS NOT CHANGED

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Class	Day (s)	Time	Hours/week

Total Hours per week = \_\_\_\_\_  
 Hourly Rate (see Price List) x \_\_\_\_\_

SUBTOTAL =

**Questions?**  
 Call us at  
 (814) 364-2424.

Regular Plan (divide Subtotal by 2)	OR	Monthly Payment (divide Subtotal by 4)
<input type="text"/>		<input type="text"/>
REGISTRATION FEE (per student) + <input type="text" value="\$15.00"/>		<input type="text" value="\$25.00"/>
MINIMUM DEPOSIT due by 9/1/09 = <input type="text"/>		<input type="text"/>

I hereby release Pennsylvania Academy of the Arts, its agents and employees from all liability for personal injury, illness or property damage occurring on or off the school's premises. I have read the registration information and understand the School's policies as outlined. I certify that I/my student is in good health and capable of participating in all school activities. I hereby give permission for Pennsylvania Academy of the Arts to take photographs for promotional uses for the school. I authorize Pennsylvania Academy of the Arts employees to call the paramedics and discharge me/my student to an ambulance if I am not able to authorize it in the case of a medical emergency.

I understand that I am responsible for tuition payments as described, and that tuition is non-refundable.

Student's Signature (18 & older) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks/money orders payable to **PA Academy of the Arts.**  
 Drop off or mail forms to **200 Old Fort Rd, Spring Mills, PA 16875**

OFFICE ONLY	Date	Paid	Check #	MC/visa	Confirm	Monthly
	Exc	Out	QB	CC	FF	