

Fall 2010 Registration Form

STUDENT NAME _____ Age as of Sep. 1, 2010 _____ 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 (Do NOT list Studio Co's)	DAY (s)	TIME	HOURS PER WEEK

Total Hours per week = _____

Hourly Rate (see Price List) x _____

SUBTOTAL = _____

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



Regular Plan OR Monthly Payment
 (divide Subtotal by 2) (divide Subtotal by 4)

REGISTRATION FEE (per student) +

MINIMUM DEPOSIT due by 9/6/10 =

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 Exc	Paid Out	Check # QB	Confirm CC	Monthly FF
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