



Summer 2010 Registration Form

Mail to: Arts Together / 114 Saint Mary's St. / Raleigh, NC 27605
Fax to: 919.833.5218

STUDENT INFORMATION

Student's Name _____ Date of Birth _____ Age _____ Gender _____

Mailing Address _____ Phone (H) _____

City _____ State _____ Zip _____ E-Mail _____

Please circle student's racial/ethnic identity(ies): Asian Black Hispanic Indian Native American White Other

August 2010 Grade _____ School _____

CONTACT INFORMATION

Father's Name _____

Phone (H) _____ (W) _____ (Cell) _____

Mother's Name _____

Phone (H) _____ (W) _____ (Cell) _____

Student lives with both parents mother father self other _____

OTHER INFORMATION

Emergency Contact Person (in addition to parents) _____

Phone (H) _____ (W) _____ (Cell) _____

Hospital Preference _____ Physician _____ Phone _____

Learning differences and/or disabilities _____

Medical issues, food allergies or other concerns _____

How did you hear about Arts Together's 2010 summer programs? _____

VERY IMPORTANT: Please read then sign Arts Together's Waiver of Liability: I hereby release Arts Together, Inc., its employees, volunteers and board members from any and all liability, cost or expense associated with any injury sustained by any member of my family while participating in Arts Together, Inc.'s programs. I give permission to Arts Together to seek medical treatment in case of an emergency. I further give Arts Together permission to use for publication any photo in which members of my family appear. I have read and understand Arts Together, Inc.'s policies.

SIGNATURE _____ DATE _____

| SUMMER PROGRAMS | TITLE & SESSION | TUITION |
|-----------------|-----------------|----------|
| 1 | _____ | \$ _____ |
| 2 | _____ | \$ _____ |
| 3 | _____ | \$ _____ |
| 4 | _____ | \$ _____ |
| 5 | _____ | \$ _____ |
| 6 | _____ | \$ _____ |

Multi-Arts for Preschoolers Lunch Bunch: \$30 X _____ weeks = \$ _____

Early Arrival Late Departure Both: Fee \$ _____ X _____ weeks = \$ _____

Yes, I would like to contribute to the Scholarship Fund! \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

| |
|----------------------------|
| FOR OFFICE USE ONLY |
| DATE: |
| \$\$: |
| AC: |
| QB: |
| XL: |

PAYMENT

I will pay by check made payable: to **Arts Together**.

Please charge my credit card: MasterCard Visa

Name as it appears on credit card _____

Account # _____ Exp.Date _____

Signature _____ Ver. Code _____