



2011-2012 Class 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 2011 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 classes? _____

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** _____

CLASSES

Class / Workshop Title	Session	Day of the Week	Payment Enclosed
1 _____	_____	_____	\$ _____
2 _____	_____	_____	\$ _____
3 _____	_____	_____	\$ _____
4 _____	_____	_____	\$ _____
5 _____	_____	_____	\$ _____
6 _____	_____	_____	\$ _____
Annual Registration Fee (\$25)			\$ _____
Yes, I would like to contribute to the Scholarship Fund!			\$ _____
TOTAL AMOUNT ENCLOSED			\$ _____

FOR OFFICE USE ONLY

DATE: _____

\$\$: _____

XL: _____

AC: _____

QB: _____

REF: _____

AP: _____

PAYMENT

I will pay fees: up front and in full twice a year monthly (8 months)
 I will pay by check made payable to: **Arts Together**.
 Please charge my credit card: MasterCard Visa Discover

Name as it appears on credit card _____

Account # _____ Exp. Date _____

Signature _____ Ver. Code _____