

# REGISTRATION FORM



Student(s) Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian Name (if under 18) \_\_\_\_\_

Mailing Address (City, State, Zip) \_\_\_\_\_

e-mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Class \_\_\_\_\_ Day/Time \_\_\_\_\_ Cost \_\_\_\_\_

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Employer (May be eligible for discounts) \_\_\_\_\_

Health Insurance (May be eligible for discounts) \_\_\_\_\_

Tax-Deductible Gift to scholarship Fund

Sponsor a One-Week "Campership" \$175

I give MoCo Arts permission to use photos and video of my child for promotion purposes

YES  NO

Parent Signature \_\_\_\_\_

## PAYMENT OPTIONS *(Check one)*

- Paid in Full
- 2 Payments
- 4 Payments

(\$15 Processing Fee for Payment Plans)

## DISCOUNT TYPE *(Check one)*

- Senior Citizen (65+)
- Student
- I'm taking multiple classes
- More than 1 family member taking classes

## PAYMENT *(Check one)*

Cash  Check

Credit Card  MC  Visa

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Exp. Date: \_\_\_/\_\_\_

Amount Paid: \$ \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

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