

THE ART SCHOOL REGISTRATION

Student Name _____

Parent's Name if student is under 18: _____ Child's age _____

Address : _____ City/zip _____

Email: _____ Home Phone: _____

Cell: _____ Work #(for emergency) _____

CLASS CODE	CLASS DESCRIPTION	# OF CLASSES	TOTAL COST

Payment:

- Check Enclosed. Please make check payable to **The Art School**.
- Paying by Credit Card Visa MasterCard

_____ Exp. date _____

Cardholder Name (as it appears on card): _____

Signature: _____

Refund and Cancellation Policy: To withdraw from a **children/teen class session** please notify the school 3 days before the 1st day of class by phone or in person during school hours. Cancellations are not accepted by email. Refund issued minus \$75.00 withdrawal fee (allow 2 weeks for refund by mail). No refunds issued if student misses a class during the session.

Adult Packages of classes valid for 6 months from time of purchase. No refund issued for classes not used within 6 months.

By signing this document I have fully read and accept The Art School registration policies listed above. I know that NO REFUNDS, CREDITS, are issued for classes I have missed or cannot attend. I give permission for the Art School to take photographs and videos of me to use for promotional purposes only.

Signature: _____ Date _____

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