Registration Form (Summer 2012) June 25, 2012 ~ August 25, 2012

Grade 10-12

Student Information First Name Middle Last Name Address City State Zip Code School Name Grade Home Phone Number Cell Phone Number Email **Guardian/Parent Information** Last Name First Name Middle Address Home Phone Number Cell Phone Number **Email** Class Schedule -Please check off the classes you would like to join Please select: 10am-2pm 3pm-7pm Please select: ПТ ☐ Th F \square M \sqcap w ☐ Sa **Tuition Payment / Registration Agreement** 1. Full payment of tuition is due on June 1st. 2. Once class starts, there is no refund. 3. When a student misses a class or classes due to personal reason (illness, school work, vacation, etc), there is no adjustment, nor credit, unless the student notifies the absence in advance; and missing days are made up within the summer program period (6-week). Otherwise, make up days can't be transferred to regular studio year. Permission for use of photography 1. Ashcan Studio of Art, Inc. reserves the right to use images, for promotional materials, of all student works of art produced during a student's enrolment with us that is a result of our instruction. _____, agree to the above terms of Ashcan Studio of Art, Inc. Student/ Guardian/ Parent's signature ____ (If student is under 18, guardian or parent must sign this form.) Date of registration Advisor's Name