

Registration Form (Summer 2012)  
July 9, 2012 ~ August 2, 2012

PreK-3rd

**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**

First Name  Middle  Last Name

Address

Home Phone Number  Cell Phone Number

Email

**Class Schedule -Please check off the classes you would like to join**

Please select:

- July 9 ~ July 19                       July 23 ~ August 2

Please select:

- 12:30pm-2:30pm                       3pm-5pm                       Full day (12:30 - 5pm)

**Tuition Payment /Registration Agreement**

1. Full payment of tuition is due on June 1st.
2. Once class starts, there is no refund.

**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.

I, \_\_\_\_\_, agree to the above terms of Ashcan Studio of Art, Inc.

Student/ Guardian/ Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

*(If student is under 18, guardian or parent must sign this form)*

Date of registration \_\_\_\_\_ Advisor's Name \_\_\_\_\_