Ashcan Studio of Art, Inc.

Manhattan Campus 45E 34th Street 4 fl. New York, NY 10016 Tel. 212_967_8101, Fax. 212_967_8109

Registration Form (Summer 2012)

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	me Phone Number Cell Phone Number		
Email			
Class Schedule -Please check off the classes you would like to join			
COULECT			
ART PROGRAM	COLLEGE PORTFOLI		COLLEGE PORTFOLIO
7	PREPARA ⁻		PREPARATIOMN
For Age16+ For Highsche		ool Juniors and seniors	For College age students over 18
Session1: Jun 25- Aug 4 (6weeks)	Session1: Jun 25- Aug 18 (8weeks)		Session1: May 28- Aug 4 (10weeks)
Session1: Jul 9- Aug 18 (6weeks)	Session1: Jul 2	2- Aug 25 (8weeks)	Session1: May 28- Aug 12 (12weeks)
Tuition Payment /Registration Agreement			
When a student misses a class or classes due to personal reason (illness, school work, vacation, etc), there is no adjustment, nor credit, <i>unless</i> the student notifies the absence in advance; <i>and</i> missing days are made up within the summer program period. 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.			
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	on Advisor's Name		