

Above Fine Arts Academy Registration Form

Check if Applicable - New Student New Sibling

Student's First Name _____ Last Name _____ Gender – circle (M / F)

Date of Birth ____ / ____ / ____ Age (First Day of Class) _____ Parents/Guardian Names _____

Primary Phone (____) ____ - _____ Secondary Phone (____) ____ - _____ Has any contact information changed since last registration? Yes No

Address _____ City _____ State _____ Zip Code _____

Primary Email _____ Secondary Email (optional) _____

Course Name	Ages	Start Time	Day	Cost	
Private Instruction (ex. Piano)	Instructor	Time	Lesson Day	Number of Lessons	Cost
Total Tuition Cost (Fall Semester) \$				_____	
Facility Rental 4% of tuition cost +				_____	
Total Cost (Fall Semester) = \$				_____	
Will you be paying in installments : Yes or No				Deposit Due if paying in installments (x25%) \$ _____	

Above Fine Arts Academy is an independent, evangelical Christian School that is available to families regardless of their race, ethnicity, or socio-economic status.

Are you actively involved in a church? _____ If yes, what church? _____

Name and number of person to call if parents cannot be reached:

_____ Phone (____) ____ - _____

I, as parent/guardian of the above student release Above Fine Arts Academy, its agents, and employees from any claims or causes of action arising from or connected with transportation to and from, and attendance at Above Fine Arts Academy functions for 2015/2016 school year. I further agree that Above Fine Arts Academy, its agents, or employees are authorized to provide such medical treatment as may be necessary, in their judgment, during such transportation or encampment. I give my permission and consent to Above Fine Arts Academy for any photograph, videotapes, and interviews to be taken during any AFAA class or AFAA activity to be published and used to illustrate the programs at Above Fine Arts Academy.

1. Does student have any known allergies (including allergies to medicine)? Yes No If yes, what _____
2. Does student have any physical disabilities or take medicine regularly? Yes No If yes, what _____
3. In case of emergency: (Please check one of the following) Call before treatment is given Give First Aid, then call

Doctor _____ Phone (____) ____ - _____

If it is necessary to make installments, you agree to make payments by the due dates listed on the Course price sheet. A \$10.00 late fee charge will be added after the 5th (fifth) day of the month.

By signing, you agree that you have read, understand, and will follow the rules and fee schedule.

Signature of parents/guardian _____ **Date** ____ / ____ / ____