

WINTER 2011 REGISTRATION FORM

Only one participant for each form please.

Name: _____

Returning Student New Student - How did you hear about us? _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone (____) _____ **Cell:** (____) _____

Email: _____

Emergency contact person: _____

Phone: (____) _____ Relationship to person: _____

If participant is a child:

Age: _____ Birth Date : ____/____/____ Grade Level: _____

Parent/Guardian's Name(s): _____

Parent/Guardian Signature: _____



I understand that any photographs or video taken during my child's class may be used for promotional purposes by School for the Arts.

Lesson Type	Lesson Weeks	Cost
		\$
		\$
Material Fees		\$
Total Cost for Tuition		\$
<i>Amount Enclosing Today **</i>		\$

For Private Lessons: Please list preferences for lesson time and teacher:

Teacher: _____ Instrument: _____

Day / Time: _____

Checks can be made out to: "CCC School For The Arts"

Community Christian Church / Attn: School for the Arts
1635 Emerson Lane, Naperville, IL 60540

Paying by credit card

(Circle One)



Name on card: _____

Card Number: _____ Exp. Date: ____/____/____

CVS Number on back _____

*** Tuition cost must be paid in full prior to the first class of the semester. No refunds or credits*

Student Name: _____

Class _____

(For Office Use Only)

Campus _____

For Office Use Only

Schedule Letter 3CMS Timesheet Calendar