



Academy of the Arts

CONYERS

REGISTRATION FORM

**New
Student
2011-2012**

Student Name _____ School Attending _____
Birthday _____ Age _____ Grade _____

Student Name _____ School Attending _____
Birthday _____ Age _____ Grade _____

Billing Name _____
Billing Address _____
City _____ State Georgia Zip Code _____ Phone _____
Account E-mail Address _____ Cell / Pager _____
Employed By _____ Phone _____
Parent 2 _____ Phone _____
Employed By _____ Phone _____

Emergency Contact (other than parent/guardian)

Authorization to Pick Child Up (Child may also be released to persons listed below in addition to parent/guardian)

Name/Relation	Address	Phone(s)
Name/Relation	Address	Phone(s)

Physician's Name _____ Phone _____

Medical Information

Please describe any allergies, physical or mental disabilities, mental health disorders, or developmental disabilities student may have: _____

Is the student currently taking medications? If so, please explain. _____

Does student require special/extra assistance? If so, please explain. _____

Student Name _____

Should an emergency occur and neither I, nor any persons listed as parent/guardian or emergency contacts are able to be reached, I authorize the staff of Academy of the Arts to seek professional medical emergency assistance for my child. I authorize Academy of the Arts to contact ambulance and/or hospital, if necessary.

Parent/Guardian Signature

Does student have previous experience? Yes No If yes, when, where and how long? _____

How would you like student to benefit from our program? _____

How did you hear about us? (if you were referred by someone, please put there name here) _____

Classes Student/Students is Registering for: FALL/SPRING 2011-2012

<u>Name of Class/Instructor</u>	<u>Day</u>	<u>Time</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Today's Date: _____

Employee Initials: _____

Tuition & Fees

Make checks or money orders payable to **Academy of the Arts..**

Tuition _____ Registration Fee: (Non-refundable) _____ **Total Amount Due:** _____

Payment Method:

Cash _____ Check No. _____ Credit Card _____ Money Order _____

Student Name: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____