



Academy of the Arts

CONYERS

REGISTRATION FORM

**Returning
Student
2011-2012**

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

2nd Student Name _____ School Attending _____
 Birthday _____ Age _____ Grade _____

Billing Name _____ Phone: _____
 Parent _____ Email: _____

Billing Address (only if changed) _____

City _____ State Georgia Zip Code _____ Cell Phone: _____

Employed By (only if changed) _____ Phone _____

Parent 2 _____ Phone _____

Employed By _____ Phone _____

Emergency Contact/ Authorization to Pick Child Up (other than parent/guardian)

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

PLEASE INITIAL BY THE FOLLOWING:

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. _____

Classes Student(s) 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. _____	_____	_____

Tuition & Fees

Make checks or money orders payable to **Academy of the Arts**. Please include your Driver's License # at the top of check.

Tuition _____ Registration (Non-refundable) _____ Total Amount Due: _____
 Cash _____ Check No. _____ Credit Card _____ Money Order: _____

Employee Initials: _____

Today's Date: _____