

BLACKFOOT ART CENTER
Class Registration Form – Summer 2006

Please use one form per student – Feel free to make as many copies as needed. If any students are to receive sibling discounts, please attach sibling registration forms together.

Yes! Sign me up!

Name _____ Age (under 18) _____

Home Address _____

Home Phone _____ Cell _____ Other Phone _____

How did you first learn about us? _____

I am registering for the following Class(es):

Class Title _____ Tuition \$ _____

Session, Day, and Times _____

Class Title _____ Tuition \$ _____

Session, Day, and Times _____

Class Title _____ Tuition \$ _____

Session, Day, and Times _____

Private Instruction: (By prior arrangement – for homeschoolers and special groups)

Class Title _____ Tuition \$ _____

Session, Day, and Times _____

Total Tuition: \$ _____

Do any of these classes qualify for a Sibling Discount? Yes / No (circle one) *
(Other sibling must pay full class cost for an equal number of classes being discounted) **

If YES, name of other sibling: _____

If YES, subtract 50% of the tuition fee for each discounted class = _____ – \$ _____

Please attach sibling's registration form (unless we already have received it).

* If sibling class fees differ, full class fee must be paid for the higher-priced class.

**Any materials fees listed in class description are *not* discounted and must be paid in full.

Total Enclosed for this Student = \$ _____

Parental Permission & Release for Minors (under age 18):

I hereby register my child _____, to participate in the above designated class(es), and give my permission for him/her to participate in all associated activities. In case of injury or illness, I hereby authorize the staff of the Blackfoot Art Center to render emergency first aid or to seek all necessary medical attention, and I understand that in such cases I will be notified as soon as possible at the phone numbers listed above. **All**

Participants: I understand that the Blackfoot Art Center will make every effort to ensure the health and safety of each participant at all times; and I agree to hold harmless and blameless the staff of Blackfoot Art Center from any injury of illness resulting from participation in any class-related activities.

Parent / Participant Signature: _____ **Date:** _____

*Class fees may be paid in cash or check made payable to **Sandra Bynum***
Mail to: Blackfoot Art Center, 146 S. Meridian Street, Blackfoot, Idaho 83221