

Mission Art Center

Student Fine Art Program Application

Student: Last Name: _____ Student First Name: _____

Age: _____

Parent Last Name: _____ Parent First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

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

Parents Email: _____

Class Fee: (Once a week session for 1 ½ Hours)

- Monthly \$105 _____
- Two Months \$200 (5% Discount) _____
- Three Months \$280 (10 % Discount) _____

Emergency Contact (Except Parents):

Last Name: _____ First Name: _____

Phone Number: _____

How did you hear about Mission Art? _____

Notes:

I have read and understand the 2008-09 Mission Art Center registration and enrollment policies and understand there are no refunds, credits, we do offer make-ups for missed classes.

I give permission for my child to receive medical attention in the event of an emergency.

I give permission for my child's photograph to be displayed on Mission Art Center promotional media (without full name or other identification).

There will be a \$15 Registration fee.

Parent Signature: _____ Date: _____

Mission Art Center

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email: info@missionartcenter.com

www.MissionArtCenter.com