

# 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 2009-11 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 \$25 Registration fee.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Mission Art Center

1730 N. Tustin Street, Orange CA 92865 Tel: (714) 402-8535

email:info@missionartcenter.com

**www.MissionArtCenter.com**