

REGISTRATION FORM

Please fill out one form per student.

Date Received:	CPY	QB	DB	INV
Teacher:				

Student: _____
 First Name Middle Initial Last Name

Age: _____ Birthdate: ____/____/____ Male/Female

School: _____ Current Grade: _____

Parent/Guardian: _____ Ph #1 _____

Address: _____ Ph#2 _____

City: _____ State: _____ Zip: _____ Ph#3 _____

E-mail (CFTAW use only): _____

• PRIVATE LESSONS

Instrument/Vocal: _____

Musical Experience: _____

Method: Trad. Suzuki Starling

Lesson length: 30 min. 45 min. 60 min. Quarter: Fall Winter Spring Sum

• ORCHESTRAS: Audition Required. Please contact the office for more information.

• MIDWEST MOD. MUSIC SCHOOL, ART WORKSHOP, MUSIK KIDS, DANCE & THEATRE CLASSES

Class : _____ Day/Time(s): _____ Fee: _____

Class : _____ Day/Time(s): _____ Fee: _____

Class : _____ Day/Time(s): _____ Fee: _____

Class : _____ Day/Time(s): _____ Fee: _____

Class Fee(s): _____ + *Reg Fee: \$ _____ =Total Fees: _____

*See Registration Fee Schedule on page 15.

Cash Check Payable to: The Center For The Arts, Wyoming (CFTAW)

322 Wyoming Ave., Wyoming, OH 45215

MC/Visa # _____ Exp. Date _____ Sec# _____

How did you hear about us? _____

WAIVER LIABILITY FORM

The above enrolled student has my permission to participate in classes and/or lessons at The Center For The Arts, Wyoming(CFTAW) I understand that participation in this program is at my/his/her own risk and that CFTAW will not be liable for any injury sustained or be responsible for any medical expenses incurred as a result of my/my child's participation in this class. I understand and accept the policies of CFTAW as stated in this booklet and accept responsibility for charges and fees incurred. I will allow the CFTAW to use photographs; artwork and recordings made at CFTAW or at CFTAW functions, involving the student hereby enrolled.

Signature: _____ Date: _____

WWW.THECENTER4THEARTS.ORG

REGISTRATION FORM

Please fill out one form per student.

Date Received:	CPY	QB	DB	INV
Teacher:				

Student: _____
 First Name Middle Initial Last Name

Age: _____ Birthdate: ____/____/____ Male/Female

School: _____ Current Grade: _____

Parent/Guardian: _____ Ph #1 _____

Address: _____ Ph#2 _____

City: _____ State: _____ Zip: _____ Ph#3 _____

E-mail (CFTAW use only): _____

• PRIVATE LESSONS Instrument/Vocal: _____

Musical Experience: _____ Method: Trad. Suzuki Starling

Lesson length: 30 min. 45 min. 60 min. Quarter: Fall Winter Spring Sum

ORCHESTRAS: Audition Required. Please contact the office for more information.

• MIDWEST MOD. MUSIC SCHOOL, ART WORKSHOP, MUSIK KIDS, DANCE & THEATRE CLASSES

Class : _____ Day/Time(s): _____ Fee: _____

Class : _____ Day/Time(s): _____ Fee: _____

Class : _____ Day/Time(s): _____ Fee: _____

Class : _____ Day/Time(s): _____ Fee: _____

Class Fee(s): _____ + *Reg Fee: \$ _____ =Total Fees: _____
 *See Registration Fee Schedule on page 15.

Cash Check Payable to: The Center For The Arts, Wyoming (CFTAW)
 322 Wyoming Ave., Wyoming, OH 45215

MC/Visa # _____ Exp. Date _____ Sec# _____

How did you hear about us? _____

WAIVER LIABILITY FORM The above enrolled student has my permission to participate in classes and/or lessons at The Center For The Arts, Wyoming(CFTAW) I understand that participation in this program is at my/his/her own risk and that CFTAW will not be liable for any injury sustained or be responsible for any medical expenses incurred as a result of my/my child's participation in this class. I understand and accept the policies of CFTAW as stated in this booklet and accept responsibility for charges and fees incurred. I will allow the CFTAW to use photographs; artwork and recordings made at CFTAW or at CFTAW functions, involving the student hereby enrolled.

Signature: _____ Date: _____

WWW.THECENTER4THEARTS.ORG