

Connecticut Art School 2007/2008 Registration Form - Use One Form per student

Student Name _____ Age/Birthday _____

How did you hear about CT Art School? _____

What school does your child attend? _____ Grade _____

Class Title _____ Day _____ Time _____

EMERGENCY INFORMATION: if you are a returning student please indicate if any of this information has changed and we will update your file. If the information is the same you can skip this section.

Parent/Guardian _____

Address/City/Zip _____

PHONES:

Home _____ Cell _____ Work _____

EMAIL: _____

(We will use email for communication as much as possible - please print clearly)

Doctor/Practitioner _____ Phone _____

Emergency Contact _____ Phone _____

Allergies or other relevant information: _____

I hereby give Connecticut Art School staff permission to see that my minor child receives medical treatment in an emergency

_____ (initials) I request that the information on this form remain private. All information gathered by Connecticut Art School forms and/or from our website is considered private and will not be sold or shared with any other vendor or business. Signed _____ Date _____

Registration Fee: \$ 20 Annual fee - per family. Please add \$5 portfolio fee (per student) **ONLY** for Levels 4 and 5 if you are not supplying your own portfolio

Class Tuition Fee: \$ _____ Quarterly payments: (Tuition is prorated if you starting during a quarter)
1 hour classes: \$128 (1st qtr - 8 wks), \$144 (2nd qtr - 9 wks), \$144 (3rd qtr - 9 wks), \$128 (4th qtr - 8 wks)
1.5 hour classes: \$168 (1st qtr - 8 wks), \$189 (2nd qtr - 9 wks), \$189 (3rd qtr - 9 wks), \$168 (4th qtr - 8 wks)

Homeschool Classes: \$ _____ Quarterly payments: (Tuition is prorated if you starting during a quarter)
1 hour classes: \$118 (1st qtr - 8 wks), \$132.75 (2nd qtr - 9 wks), \$132.75 (3rd qtr - 9 wks), \$118 (4th qtr - 8 wks)
1.5 hour classes: \$158 (1st qtr - 8 wks), \$177.75 (2nd qtr - 9 wks), \$177.75 (3rd qtr - 9 wks), \$158 (4th qtr - 8 wks)

Storytime Art \$ _____ \$18 per session (no reg. fee) - please circle the dates you will attend: Oct 2, Nov 6, Dec 4, Jan 8, Feb 5, Mar 4, April 1, and May 6
You must register at least 2 weeks before a session.

TOTAL: \$ _____

I am enclosing a check for \$ _____ made payable to **Connecticut Art School.**

Please assume you are registered unless we contact you. **Mail tuition and registration form to:**
Connecticut Art School, 1730 Ellington Road, South Windsor, CT 06074
(860) 432-3773 www.CT-ArtSchool.com cstartschool@cox.net