

COMMUNITY SCHOOL FOR THE ARTS 2011-2012 REGISTRATION

Please duplicate for multiple names

Date _____

Child Registration: 17 and under

Student Name _____

Age _____

Parent/Guardian _____

Home Address _____

City _____

State _____ Zip _____

Phone: Day _____

Evening _____ Cell _____

Important! E-Mail Address of Parent/Guardian _____

Date of Birth of Student / / Current Grade _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Does your child have any special needs? _____

Who will be picking up your child after class? List all possible names and contact numbers. _____

Adult Registration: 18 and up

Name _____

Home Address _____

City _____

State _____ Zip _____

Phone: Day _____ Evening _____

Cell _____

E-Mail Address _____

Course Name _____ Fee \$ _____

Course Name _____ Fee \$ _____

Course Name _____ Fee \$ _____

Course Name _____ Fee \$ _____

Course Name _____ Fee \$ _____

Course Name _____ Fee \$ _____

Course Name _____ Fee \$ _____

Registration fee: \$15.00

Total of Fees \$ _____

Mail payment and form to:

Arts Council of Greater Baton Rouge
427 Laurel Street, Baton Rouge, LA 70801
Attn: Robin
Phone: 225.344.8558 • FAX: 225.344.7777

Payment

_____ Total Amount ___ Check (Mail or drop off)

___ Credit Card (Phone or fax)

___ Visa ___ MasterCard ___ Discover ___ American Express

Card # _____

Exp. Date: _____

Print name as it appears on card: _____

Signature _____