

THE FINE ARTS SCHOOL AT FPC  
SPRING 2018

REGISTRATION FORM

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Class Choices *(please indicate session, class name, time and cost).*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

TOTAL CLASS FEES \$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_