

MONART School of the Arts 2009/2010 Registration Form



Please use one registration form per student you are registering.

The entire form must be completely filled out and submitted with first month's tuition and \$25 registration fee.

Student Name: _____ Age/Birthday: _____

How did you hear about MONART? _____

What school does your child attend? _____ Grade: _____

Class 1 Title: _____ Day: _____ Time: _____

Class 2 Title: _____ Day: _____ Time: _____

Emergency Information:

Parent/Guardian: _____

Address: _____

City / ZIP Code _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-Mail: _____

Doctor / Practitioner: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Any Medical Issues: _____

I hereby give the MONART staff permission to see that my minor child receives medical treatment in an emergency.

I have read, understood, and agree to the MONART enrollment, tuition, and make-up policy.

Signed: _____ Date: _____

Registration Fee (per family): \$ _____

Class Tuition Fee: \$ _____

Total: \$ _____

I am enclosing a check for \$ _____ made payable to MONART School of the Arts.

Assume you are registered unless we contact you.

Please make checks payable to "MONART School of the Arts."

Please mail tuition and registration to: MONART School of the Arts
10556 Industrial Ave, Suite 130
Roseville, CA 95678

If you have any questions, please call us at (916) 203-2723.