

## CLASS REGISTRATION FORM

Payment and ALL forms must be returned to the FAR office prior to the first class.

Client's Name \_\_\_\_\_

Parent's Names \_\_\_\_\_

Client's Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**CLASS #1**     Fall 2011     Winter 2012     Summer 2012

Private or Group \_\_\_\_\_

Day \_\_\_\_\_

Time \_\_\_\_\_

Half-Hour/Hour \_\_\_\_\_

Therapist \_\_\_\_\_

Tuition \_\_\_\_\_

**CLASS #2**     Fall 2011     Winter 2012     Summer 2012

Private or Group \_\_\_\_\_

Day \_\_\_\_\_

Time \_\_\_\_\_

Half-Hour/Hour \_\_\_\_\_

Therapist \_\_\_\_\_

Tuition \_\_\_\_\_

Total Tuition Fee(s) \_\_\_\_\_

Yearly Assessment and Evaluation Fee (due once per year)    \_\_\_\_\_ \$50.00

plus \$15.00 Art Materials Fee(s) \_\_\_\_\_

Amount Due \_\_\_\_\_

Payment of \$ \_\_\_\_\_ by  Check  VISA  MasterCard

Credit card number \_\_\_\_\_

Exp. date \_\_\_\_\_

Service Code \_\_\_\_\_

**I understand that FAR Conservatory of Therapeutic and Performing Arts, sponsor of the above events, along with its co-sponsors, assumes no responsibility for any injury that might be suffered by the participant, and that the participant assumes all risk for personal injury, loss or damage of property including for any injury sustained from riding in the FAR van during activities that involve travel. (Including band activities, Young Adult Club, Hockey events, etc.)**

**X** \_\_\_\_\_

**Signature of Participant or Parent/Guardian (if under 18)    Date**

**\*\*A parent or responsible adult must stay in building during class.\*\***