CREATIVE ARTS CENTER 2017-2018 REGISTRATION FORM Please print clearly! Thanks! NAME: BIRTHDATE AGE ADDRESS: CITY ZIP PHONE: HOME_____STUDENT'S CELL____ EMAIL: PARENT **EMAIL: STUDENT'S** Center newsletters are sent via email. Please keep the office updated of any changes! MOTHER'S NAME_____ADDRESS____ PHONE: HOME WORK CELL FATHER'S NAME_____ADDRESS____ PHONE: HOME______WORK_____CELL____ I HAVE READ THE CENTER'S BROCHURE: (Parent's signature) NEW STUDENT: Please tell us how you heard about the Center ___Yellow Pages ___Newspaper ___Website ___Other, please explain_____ If you are new to the center please describe any previous dance training **RETURNING STUDENT:** Which year did you begin classes?_____ Please list the classes you are signing up for. **CLASS** DAY TIME **TEACHER TOTAL CLASSES PER WEEK** _____NOTE: CLASSES THAT MEET TWICE/WEEK = 2 CLASSES, etc. To register please enclose your first month's tuition and your \$25 registration fee with this form and mail it to: CREATIVE ARTS CENTER ~ 718 LOGAN STREET HELENA, MT 59601