

CREATIVE ARTS CENTER 2019-2020 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