Junior School Registration Form

Enrollment Terms and Conditions

Student enrollment is subject to the terms and conditions found in the policy section of the current course catalog. By enrolling my child, I acknowledge that I have read, understand, and agree to adhere to all registration guidelines and polices set forth by the school.

I have read, understand, and agree to the Waiver and Release of Liability statement on page 22 of the Guidelines and Policies.

Parent/Guardian Signature
Registration will not be processed without signature.

Important! Complete both sides of this form. Fill in all blanks.

| Parent/Guardian 1 | | Daytime pho | ne | Cell phone |
|---|-------------------|---|---|--------------------|
| Parent/Guardian 2 | | Daytime pho | ne | Cell phone |
| Address | | Home phone | | |
| City | | State | | Zip code |
| E-mail #1 | | E-mail #2 | | |
| Student Inform | ation | | | |
| O New student | O Returning stud | lent, last enrolled: | | |
| Spring (yea | ar) Summer | (year) Fall | (year) | O Male O Female |
| Student's first name | | Last name | | |
| Age | | Birth date | | |
| Course Selectio | n (first choic | ce) | | |
| | | | | \$ |
| Course number | Day | Time | Instructor | Tuition |
| | | | | \$ |
| Course number | Day | Time | Instructor | Tuition |
| If first choices above | e are full, pleas | e register my child | for the following | second choices: |
| | , | - · · · · · · · · · · · · · · · · · · · | | \$ |
| Course number | Day | Time | Instructor | Tuition \$ |
| Course number | Day | Time | Instructor | Tuition |
| | | | | (continued |
| • | | • | • | ••••• |
| FOR OFFICE USE O | NLY | | | |
| | | t \$ | Schol | CC |

| Emergency Information If unable to reach parent/guardian, Glassell School staff members are directed to call: | | | | |
|--|---|---|--|--|
| Relative | Daytime phone | Cell phone | | |
| Friend | Daytime phone | Cell phone | | |
| | special needs under the Americ lation under the Americans with | ans with Disabilities Act (ADA), Disabilities ACT (ADA), or utilizes | | |
| O yes O no | | | | |
| Authorized for Stude Other than parent/guardian pick my child up from class: | and emergency contacts, the p | parties listed below are permitted to | | |
| First name | Last name | Cell phone | | |
| First name | Last name | Cell phone | | |
| First name | Last name | Cell phone | | |
| \$ To | Member discount (if applicable) | | | |
| | e scholarship award: O 1½ hour | O 2 hour O 3 hour | | |
| Payment information | | | | |
| O Charge payment to my co | realt cara: ard O American Express | O Discover | | |
| Card number | | Expiration date | | |
| Name as appears on card (pleas | se print) | Name (signature) | | |
| Mail payment for full amour Junior School Registrar | nt with completed registration fo | orm for each child to: | | |
| MFAH Glassell School of A P. O. Box 6826 Houston, TX 77265-6826 | Art | | | |