

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 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 26 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

Mom's name/Parent 1	Daytime phone	Cell phone
Dad's name/Parent 2	Daytime phone	Cell phone
Address	Home phone	
City	State	Zip code
E-mail #1	E-mail #2	

Student Information

☐ New student

☐ Returning student, last enrolled:
Spring ____ (year) Summer ____ (year) Fall ____ (year)

☐ Male

☐ Female

Student's first name	Last name	Age	Birth date
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Course Selection (first choice)

Course number	Week	Time	Instructor	After-Care
				<input type="radio"/> Yes <input type="radio"/> No
Course number	Week	Time	Instructor	After-Care
				<input type="radio"/> Yes <input type="radio"/> No
Course number	Week	Time	Instructor	After-Care
				<input type="radio"/> Yes <input type="radio"/> No
Course number	Week	Time	Instructor	After-Care
				<input type="radio"/> Yes <input type="radio"/> No
Course number	Week	Time	Instructor	After-Care
				<input type="radio"/> Yes <input type="radio"/> No

If first choices above are full, please register my child for the following second choices:

Course number	Week	Time	Instructor	After-Care
				<input type="radio"/> Yes <input type="radio"/> No
Course number	Week	Time	Instructor	After-Care
				<input type="radio"/> Yes <input type="radio"/> No
Course number	Week	Time	Instructor	After-Care
				<input type="radio"/> Yes <input type="radio"/> No

(continued)

FOR OFFICE USE ONLY

Ck # _____ Amount \$ _____ Schol. _____ CC _____

Registration # _____ Member _____ Initial _____

Emergency Information

In the event of an emergency and unable to contact parent/guardian, staff members are directed to call:

Name/Relationship	Daytime phone	Cell phone
Name/Relationship	Daytime phone	Cell phone

This student has qualifying special needs under the Americans with Disabilities Act (ADA), is requesting an accommodation under the Americans with Disabilities ACT (ADA), or utilizes an emergency medication:

☐ yes

☐ no

Authorized for Student Pick-up

Other than parent/guardian and emergency contacts, the parties listed below are permitted to pick my child up from class:

First name	Last name	Cell phone
First name	Last name	Cell phone
First name	Last name	Cell phone

My child is permitted to leave campus unescorted by a parent (walk, ride bus, etc.).

☐ yes

☐ no

Tuition and Fees

\$ _____ Donation to Glassell Junior School (optional)

\$ _____ Total tuition

\$ _____ 10% Member discount (if applicable) Member ID# _____

\$ _____ After-Care fees

\$ _____ **Total amount due**

Is student a scholarship recipient? ☐ yes ☐ no

Payment information

☐ Charge payment to my credit card:
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card number	Expiration date
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Name as appears on card (please print)	Name (signature)
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Mail payment for full amount with completed registration form for each child to:

Junior School Registrar
MFAH Glassell School of Art
P. O. Box 6826
Houston, TX 77265-6826