

Date _____

Class Registration Information

Student's Name _____ Age (if under 18) _____

(Please Print)

Parent/Guardian Name (if under 18) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

E-mail _____ By giving us your email you will allow us to send you class schedules and other email blasts from the Art Center, we will never sell or give your email to any other entities. Would you prefer _____email _____snail mail

During class we may take pictures, you may opt out of having any pictures taken of you or your child. Pictures will only be used for promotional and marketing materials of the Art Center of Battle Creek. _____yes pictures ok_____no pictures please

Where did you hear about classes? _____AC Website _____AC Catalog _____KCC LLL Catalog _____Other,please explain _____Newspaper if so, which one? _____Shopper _____Enquirer _____Advisor

Reasonable Accommodations Request _____

Are you an Art Center Member? Yes _____ No _____ Member No. _____

Membership ___New ___Renewal ___Student ___Individual ___Family Fee: _____

Class Number and Name: _____ Fee: _____

Material Fee: _____

Class Number and Name: _____ Fee: _____

Material Fee: _____

Class Number and Name: _____ Fee: _____

Material Fee: _____

Multiple family discount of \$5 for each additional child after the first paid child in the same class

Discount Fee: - _____

Total: _____

Office Use

Paying with (circle one) Cash Check MasterCard Visa
Amount Paid \$ _____ Check # _____

Credit Card No. _____

Three Digit Security Code # (on back of card) _____

Expiration _____ Cardholder name _____

Signature _____