

Vinings School of Art

ADULT “once in a lifetime” REGISTRATION FORM

INFORMATION

Legal Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Sex: M / F

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

EMERGENCY CONTACT

I authorize the following individual to serve as an emergency contact (must 18 or over):

(1) Name: _____ cell phone: _____

CLASS SELECTION

Art Class---Day of the week or dates _____

Language Arts/Spanish Class---Day of the week or dates _____

Private Piano lessons _____

All fees are non-refundable. All classes require sufficient enrolment to convene, and The Vinings School of Art reserves the right to cancel, reschedule, combine classes or change instructors if necessary. I understand that I will receive a refund for the portion of classes remaining in case the course is cancelled due to extenuating circumstances. I do hereby acknowledge that I understand the class selection, reservation and pricing policies of the Vinings School of Art, and will comply with these policies. There are no make-ups unless a specific course is offered that specifically states on the course description flyer when the make-ups are available.

Printed Name _____

Signature _____ Date _____