

Student/Class Registration Form: Studio Classes 2009

Please complete one form for each student



The following information is required for purposes of maintaining accurate data on our students and their parent or guardian while enrolled in our Monart school/studio. All information you provide is confidential and will not be disclosed to outside third parties.

Student Information:

Student Name:			Date of Birth (mm/dd/yyyy):
LAST	FIRST	M.I.	
Name of School Presently Attending:		Location:	Grade Level:

Parental & Contact Information:

Parent's Name:			Relationship:	
LAST	FIRST	M.I.		
Mailing Address:				
STREET	APT#	CITY	STATE	ZIP CODE
HOME NUMBER	CELL or ALTERNATE PHONE NUMBER		E-MAIL ADDRESS	

Emergency Contact Information:

Emergency Contact Name:			Contact Phone:
LAST	FIRST	M.I.	
Doctor's Name:			Doctor's Phone:
LAST	FIRST	M.I.	
Describe any Medical Conditions or Allergies: _____			
How did you hear about us: _____			

Class Choice:

Term	Class Choice:	Class Day & Time	Tuition
Term	Alternate Class Choice:	Class Day & Time	Tuition

<h3>Tuition & Contact Information</h3> <p>For Winter 2009 (12 Weeks):</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Semester Tuition:</td> <td style="border: none; text-align: center;"> <table style="display: inline-table; border: none;"> <tr> <td style="text-align: center; border: none;"><u>1-hr Class</u></td> <td style="text-align: center; border: none;"><u>1.5hr Class</u></td> <td style="text-align: center; border: none;"><u>2-hr Class</u></td> </tr> <tr> <td style="text-align: center; border: none;">\$ 225.00</td> <td style="text-align: center; border: none;">\$ 276.00</td> <td style="text-align: center; border: none;">\$336.00</td> </tr> </table> </td> </tr> </table> <p>Annual Registration Fee: \$ 35.00 Please apply 5% discount for additional family member enrollment. Full payment is required to hold space and prior to start of classes.</p> <p><i>Send completed Registration Form & Check made payable to Monart to:</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Monart School of Art</td> <td style="width:50%;">Phone: (713) 281-0000</td> </tr> <tr> <td>4007 Bellaire Blvd.</td> <td>Fax: (281) 412-3334</td> </tr> <tr> <td>Houston, TX 77025</td> <td>Email: info@bellairemonart.com</td> </tr> </table>	Semester Tuition:	<table style="display: inline-table; border: none;"> <tr> <td style="text-align: center; border: none;"><u>1-hr Class</u></td> <td style="text-align: center; border: none;"><u>1.5hr Class</u></td> <td style="text-align: center; border: none;"><u>2-hr Class</u></td> </tr> <tr> <td style="text-align: center; border: none;">\$ 225.00</td> <td style="text-align: center; border: none;">\$ 276.00</td> <td style="text-align: center; border: none;">\$336.00</td> </tr> </table>	<u>1-hr Class</u>	<u>1.5hr Class</u>	<u>2-hr Class</u>	\$ 225.00	\$ 276.00	\$336.00	Monart School of Art	Phone: (713) 281-0000	4007 Bellaire Blvd.	Fax: (281) 412-3334	Houston, TX 77025	Email: info@bellairemonart.com	<h3>Authorization & Signature</h3> <p>Please Check the Statement Below:</p> <p><input type="checkbox"/> I have read the Tuition and Enrollment Policies on the website.</p> <p><input type="checkbox"/> I give permission for my child to receive emergency treatment.</p> <p><input type="checkbox"/> I give permission to use child's photos with art work in publications.</p> <p>Signature: _____</p> <p>Date (mm/dd/yyyy): _____</p>
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