

CLASS REGISTRATION FORM

Payment and ALL forms must be returned to the FAR office prior to the first class.

Client's Name _____

Parent's Names _____

Client's Birth Date _____

Street Address _____

City _____

Zip _____

Phone _____

Email Address _____

CLASS #1 Fall 2010 Winter 2011 Summer 2011

Private or Group _____

Day _____

Time _____

Half-Hour/Hour _____

Therapist _____

Tuition _____

CLASS #2 Fall 2010 Winter 2011 Summer 2011

Private or Group _____

Day _____

Time _____

Half-Hour/Hour _____

Therapist _____

Tuition _____

Total Tuition Fee(s) _____

Yearly Assessment and Evaluation Fee (due once per year) _____ \$50.00

plus \$10.00 Art Materials Fee(s) _____

Amount Due _____

Payment of \$ _____ by Check VISA MasterCard

Credit card number _____

Exp. date _____

Service Code _____

I understand that FAR Conservatory of Therapeutic and Performing Arts, sponsor of the above events, along with its co-sponsors, assumes no responsibility for any injury that might be suffered by the participant, and that the participant assumes all risk for personal injury, loss or damage of property including for any injury sustained from riding in the FAR van during activities that involve travel. (Including band activities, Young Adult Club, Hockey events, etc.)

X _____

Signature of Participant or Parent/Guardian (if under 18) Date

****A parent or responsible adult must stay in building during class.****