



GROUP CLASS REGISTRATION

SEMESTER _____ YEAR _____

400 Congdon Street Chelsea, MI 48118 | Phone (734) 433-2787 Fax (734) 433-2788 | www.ChelseaCenterForTheArts.org

CLASS & TUITION

Class Title	Start Date	Start Time	Tuition		Material Fee		Sub-Total		# of Students		TOTAL
A.			\$	+	\$	=	\$	x		=	\$
B.			\$	+	\$	=	\$	x		=	\$
C.			\$	+	\$	=	\$	x		=	\$

TOTAL

STUDENT CONTACT INFORMATION New Student(s)

Student 1 Name: _____ In class: **A B C**

Birthday _____ Age Now (youth students) _____ Grade In School _____ School _____

Student 2 Name: _____ In class: **A B C**

Birthday _____ Age Now (youth students) _____ Grade In School _____ School _____

Parent/Guardian Name (responsible for billing/payment) _____

Parent e-mail* (invoices sent via e-mail) _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Alternate Phone _____

I understand that I will be responsible for payment in full, even for missed classes.

Please sign & date _____

EMERGENCY INFORMATION

Peanut Allergy? Student 1: YES or NO Student 2: YES or NO

Medical or Behavioral Concerns? (Please write on back if more room is needed) _____

Authorized Individuals to pick up student (other than above):

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

PAYMENT

CHECK # _____ Date _____

CREDIT CARD Visa MC # _____ Exp _____ code _____

PLEASE INVOICE ME (invoices are e-mailed to parent e-mail address unless otherwise noted)

I am interested in work-study options to reduce my tuition bill. Please contact me with more information.

How did you hear about the class?

Community Services Flyer

Backpack Flyer in school _____

CCA Mailing

Things to Do In Chelsea

CCA Website

Other website _____

CCA Website

Word of Mouth _____

CCA E-mail

Newspaper Article _____

Instructor Referral

Newspaper Ad _____

PLEASE RETAIN A COPY FOR YOUR RECORDS

QB ML CC GW