

A non-refundable annual registration fee (\$35 individual/\$70 family maximum) is due with your registration (Sept. '10 – Aug. '11).

STUDENT NAME _____	DATE OF BIRTH _____	SCHOOL _____
_____ M F _____	_____	_____
_____ M F _____	_____	_____
_____ M F _____	_____	_____

**\*\*\*PARENT/CAREGIVER CLASS PARTICIPANTS REGISTER AT NO CHARGE\*\*\***

Address: \_\_\_\_\_ E Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Responsible Party (for payment): \_\_\_\_\_

Phone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work/Cell: (\_\_\_\_) \_\_\_\_\_

In case of emergency: Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Why did you choose the Beck Center for lessons/classes? \_\_\_\_\_

How did you hear about the Beck Center? Advertisement Catalog Family/Friend Library School Website Other \_\_\_\_\_

If referred, please list the name of the individual who referred you: \_\_\_\_\_

**CLASSES**

Student	Class	Day	Time	Session	Tuition	Start Date

**PRIVATE LESSONS**

Student	Instrument	Instructor	Day	Time	Length	Wks.	Tuition	Start Date

**PAYMENT SUMMARY**

Sept. '10 – Aug. '11  
 Registration fee (non-refundable)  
 (\$35 Individual/\$70 Family) \$ \_\_\_\_\_  
 Tuition \$ \_\_\_\_\_  
 Other fee (if applicable) \$ \_\_\_\_\_  
 Donation \$ \_\_\_\_\_  
Your tax deductible donation will help support the education and theater programs at Beck Center for the Arts.  
 TOTAL \$ \_\_\_\_\_

**METHOD OF PAYMENT**

**\$35 charge assessed for checks returned for any reason and credit/debit cards that are denied.**

Check No. \_\_\_\_\_ Cash Receipt No. \_\_\_\_\_  
 Visa  MasterCard  Discover Exp. Date: \_\_\_\_\_  
 Card No. \_\_\_\_\_  
 Signature: \_\_\_\_\_

By signing this document I understand:

- if I/my child require(s) emergency medical treatment while under the jurisdiction of the Beck Center for the Arts, and neither I nor the emergency contact individual may be reached, I authorize Beck Center to contact emergency medical services and to perform treatment as deemed necessary.
- I/my child may be photographed /videographed for use by Beck Center in Beck Center publications/website, or for use by all forms of media.
- that the signing of this form implies agreement to, and the observance of, the Rules and Regulations of Beck Center, and the payment of all fees associated with the course(s), lessons, instruction, sessions as listed above.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Beck Center for the Arts reserves the right to change any rule, regulation, policy, class, schedule or instructor without notice\*\***