

### HOW DID YOU HEAR ABOUT US?

- NEWSPAPER     WEBSITE     BILL BOARD  
 REFERRAL     SOCIAL MEDIA     OTHER \_\_\_\_\_

## 1 STUDENT INFORMATION

Please print. Submit a separate registration form for each student.

STUDENT NAME		DATE OF BIRTH / /	GENDER <input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> New Student <input type="radio"/> Continuing Student	
PARENT/GUARDIAN NAME			E-MAIL ADDRESS		
HOME ADDRESS			CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER (please include area code) ( )	WORK TELEPHONE NUMBER (please include area code) ( )	CELL PHONE NUMBER (18 yrs or above only) ( )			

SIGN UP FOR TEXT ALERTS

## 2 BILLING CONTACT INFORMATION

RESPONSIBLE PARTY NAME

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HOME ADDRESS (street, city, state, zip code) IF DIFFERENT THAN ABOVE

BILLING E-MAIL ADDRESS (print clearly, monthly statements will only be sent via email)

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HOME TELEPHONE NUMBER (please include area code) ( )	WORK TELEPHONE NUMBER (please include area code) ( )	CELL PHONE NUMBER (18 yrs or above only) ( )
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## 3 EMERGENCY CONTACT

NAME

RELATIONSHIP TO STUDENT

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HOME TELEPHONE NUMBER (please include area code) ( )	WORK TELEPHONE NUMBER (please include area code) ( )	CELL PHONE NUMBER (18 yrs or above only) ( )
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## 4 HEALTH INFORMATION

PHYSICIAN NAME

PHYSICIAN PHONE NUMBER  
( )

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This student has the following special needs (consider medications, allergies, physical and mental health, behavior or emotional problems and anything else that will help us better serve you):

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I give my doctor permission to treat my child/me in the event of an emergency     yes     no

I have signed an over the counter medication waiver form     yes     no

## 5 CSA POLICIES AND HANDBOOK AGREEMENT - REQUIRED FOR REGISTRATION

**WITHDRAWALS/REFUNDS:** Tuition fees will be refunded, if you withdraw from a program 14 DAYS AFTER THE START OF THE CLASS. If you must withdraw after the deadline, charges will be stopped **ONLY** after the office has received a completed ADD/DROP form. Accounts will also be charged a \$25 drop fee per student for classes dropped after 14 days from the start of the class. Registration fees are non-refundable. CSA cannot provide refunds or credits for classes missed by students due to illness, personal schedule conflicts or for other reasons. **THERE ARE NO EXCEPTIONS TO THIS POLICY.**

**CANCELLATION POLICY:** In the event that a class does not reach the required minimum (typically 4 students) or there are circumstances beyond our control, CSA reserves the right to cancel. You will be notified, and we will be happy to work with you to find a suitable replacement. If no replacement can be settled upon, CSA will refund your money in full.

**PLEASE NOTE:** In the event that an act of nature (i.e. severe storm, power outage, etc.) or civil disturbance necessitates the closing of any CSA program in Marion or any other off-site location, CSA is not responsible for providing a make-up session, credit or refund of any kind.

**REGISTRATION FEES:** There is an annual non-refundable registration fee per student.

**RELEASE/WAIVER:** I hereby agree to indemnify and hold harmless CSA and its employees from and against any and all claims for personal injuries or damages of any kind arising from participation in the CSA program. Further, I authorize CSA staff and faculty to seek emergency medical help if this becomes necessary. I realize that every effort will be made by CSA staff to contact me in the event of a medical emergency involving my child and I agree to indemnify and hold harmless CSA personnel in seeking medical care for my child.

**IMAGE CONSENT:** I agree that CSA may use my child's likeness in the routine promotion of its programs and for other noncommercial applications.

**FIELD TRIP CONSENT:** I give permission for my child to leave the premises of the CSA for class field trips, supervised by one or more adult staff members. I understand that I will have advance information about the day, time and location of the outing.

**PAYMENTS/SCHEDULES:** All payments are due the 1st of the month. Accounts with outstanding balances will be charged a \$10 late fee after the 15th of each month.

**COSTUME DEPOSITS:** All CSA Costume deposits are non-refundable after 11/15.

BY SIGNING, I AGREE THAT I HAVE RECEIVED THE CSA STUDENT HANDBOOK AND AGREE TO ALL THE POLICIES STATED WITHIN THE HANDBOOK AND THIS REGISTRATION FORM.

➤ SIGNATURE REQUIRED

DATE / /

\_\_\_\_\_  
PARENT/GUARDIAN OR ADULT STUDENT SIGNATURE REQUIRED FOR ENROLLMENT

<b>HOW TO COMPLETE YOUR REGISTRATION:</b>	<b>BY MAIL</b> CSA Attn: Registration 305 S. Adams St.   Marion, IN 46952	<b>IN PERSON</b> <b>Office Hours:</b> Monday - Thursday 10:00 am - 8:00 pm
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