

community school of the arts

Registration Form

HOW DID YOU HEAR ABOUT US? NEWSPAPER O WEBSITE BILL BOARD Please print. Submit a separate registration form for each student. REFERRAL SOCIAL MEDIA OTHER **STUDENTINFORMATION** GENDER DATE OF BIRTH ○ New Student ○ Continuing Student Female E-MAIL ADDRESS PARENT/GUARDIAN NAME 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 BILLING CONTACT INFORMATION RESPONSIBLE PARTY NAME 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) HOME TELEPHONE NUMBER (please include area code) WORK TELEPHONE NUMBER (please include area code) CELL PHONE NUMBER (18 yrs or above only) EMERGENCY CONTACT NAME RELATIONSHIP TO STUDENT HOME TELEPHONE NUMBER (please include area code) WORK TELEPHONE NUMBER (please include area code) CELL PHONE NUMBER (18 yrs or above only) **HEALTH INFORMATION** PHYSICIAN NAME PHYSICIAN PHONE NUMBER 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): I give my doctor permission to treat my child/me in the event of an emergency I have signed an over the counter medication waiver form □ no

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

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 RECIEVED THE CSA STUDENT HANDBOOK AND AGREE TO ALL THE POLICIES STATED WITHIN THE HANDBOOK AND THIS REGISTRATION FORM.

| SIGNATURE REQUIRED DATE / / |
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PARENT/GUARDIAN OR ADULT STUDENT SIGNATURE REQUIRED FOR ENROLLMENT

HOW TO COMPLETE YOUR REGISTRATION:

BY MAIL

CSA Attn: Registration 305 S. Adams St. | Marion, IN 46952 IN PERSON

Office Hours: Monday - Thursday 10:00 am - 8:00 pm



| Please print or type clearly. Please be sure | you have completed the student, pare | nt and health information | on on the reve | rse side. | | | |
|--|---|--------------------------------|----------------|-----------|------------|--------------------------|-------------------------------------|
| 6 CSA REGISTRATI | ON FEE - REQUIR | ED FOR RE | GISTR | ATION | | | |
| REGISTRATION FEE PER STUDENT \$25/\$35 late registration | | | | | | | |
| Take as many classes as you choose fo | r one annual regsitration fee. | This fee is nor | n-refund | able. | | | \$ |
| 7 SELECT CLASSES | | | | | | | |
| CLASS TITLE | | IF FULL ADD ME TO WAIT LIST | DAY | TIME | SUPPLY FEE | TUITION | |
| Just a sample program | | | Mon. | 7:00-8:00 | \$25 | \$180 | - |
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| DISCOUNT PROGRAM O 3 HOURS O 6 HOURS | S FOR \$108 O 4 HOURS FO S FOR \$192 O 7 HOURS FO | | URS FOR S | 160 | | SUB-TOTAL | |
| FULL YEAR TUITION DISCOUNT - | 10% OFF | | | | | | |
| | | - l. d | | | T | OTAL PAYMENT ENCLOSED | |
| SCHOLARSHIP REQUEST PENDIN | id (Registration lees still app | oly) | | | | | |
| 8 TOTAL PAYMENT | ENCLOSED/FOR | MONTHIV | DAVM | ENTC | | | |
| TOTAL PATMENT | ENCLUSED/FOR | MONTHLY | PATM | EN I 3 | | | |
| PAYMENT POLICY: Year long classes (Augu | st - May) - 10 easy payments due firs | st day of each month. | | | | | |
| | ugust - October) - 3 easy payments s (February - April) - 3 easy payment | • | | | | | |
| | me payment due by first day of the | | | | | | |
| ■ Set up re-occurring payment for METHOD OF PAYMENT | | | | | | | |
| (\$1.50 FEE PER CREDIT CARD TRANSACTION) | CREDIT CARD INFORMATI | ION | | | | | ? |
| MasterCard/Discover | ACCOUNT INFORMATION | | | | | Please call u | s with any question |
| ☐ VISA | ACCOUNT INFORMATION | | | | | about place | ment or registration 5) 662-6263 |
| Check CSA can accept debit cards with MC or VISA logo. | NAME (AS IT APPEARS ON THE CARD) EXPIRATION DATE | | | | (70. | 5, 602 0203 | |
| (\$25 fee on returned checks) | SIGNATURE | | | | | | |
| □ a_CHECKS | | | | | | | |
| e-CHECKS BANK NAME You now have the option to automatically pay your bill each month via an e-check with no additional fees applied. | | | COUNT # | | | | |
| | | | JTING # | | | | |