

Art Academy of Cincinnati Community Education REGISTRATION FORM
 1212 Jackson St., Cincinnati, OH 45202 (513) 562-8748 Fax: (513)562-8778
 Email: commed@artacademy.edu Website: www.artacademy.edu/community_education

PARTICIPANT INFORMATION: Please fill out form completely. TYPE or PRINT LEGIBLY.
 This form may be duplicated. Use separate form for each student.

Student Name _____
 Mailing Address _____
 City/State _____ Zip _____
 Home Phone _____ Other Phone _____
 School attending _____ Grade or year of grad. _____
 Email Address _____
 Student's Age _____ Date of Birth _____ Male _____ Female _____

Person to be contacted in case of emergency during class:
 Name _____ Relationship _____
 Phone _____ Other Phone _____

CLASS REGISTRATION

Class Title	Dates	Full Day
____ Portfolio Preparation – Session 1	June 14 - July 2	___ \$535.
____ Portfolio Preparation – Session 2	July 12 - 30	___ \$535.
____ Portfolio Preparation – Sessions 1 and 2		___ \$965.

All fees are due at the time of registration. Payment will be processed upon acceptance.

PAYMENT METHOD Check one of the following:

____ MasterCard/Visa ____ check ____ money order
 (Make checks payable to: **Art Academy of Cincinnati.**)
 Card No. _____ Expiration Date _____
 Cardholder's Name _____
 Cardholder's street number and zip code if different from student's _____

Withdrawal policy: There is a \$20 withdrawal fee once student is accepted. Requests for withdrawal must be made before the registration deadline for each session.

For office use only

PREV	LOG	RCT	COMP	IMG	REC	ACC	CONF