

# AAC Registration FORM

For Office Use Only	
Received/Date _____	Entered _____
Student Acc# _____	Invoice # _____
<input type="radio"/> Mail	<input type="radio"/> Walk-in
<input type="radio"/> Fax	<input type="radio"/> Phone

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Day/Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Course Title	Day/Time	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

Emergency contact person \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

<b>total</b>
Discount/Gift Cert.
<b>sub total</b>
<b>TOTAL</b>

Discount Level - Choose one from below

Senior     Promotional     Teacher     Alumni     Staff

BFA Student     Fannie Isidor Scholarship

METHOD OF PAYMENT: Please Check One

VISA     Mastercard     Check # \_\_\_\_\_

Make Checks Payable to: AAC

Gift Certificate # \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Card Holders Name \_\_\_\_\_

**Complete form and return this page with full payment to:**  
 Community Education Office  
 Art Academy of Cincinnati,  
 1212 Jackson St, Cincinnati, OH 45202

