

# Enrollment Form

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about this program?:

Instructor  School  Newspaper  Website  Mail  Other \_\_\_\_\_

## SPECIFY WHICH COURSE YOU ARE REGISTERING FOR:

**COURSE TITLE:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_

**COST:** \_\_\_\_\_ **MEMBER?** Yes  No  **MATERIALS FEE:** \_\_\_\_\_

**PAYMENT:** You can pay by check, or use VISA/MASTERCARD by filling out payment details below.

Check  Visa  MasterCard **AMOUNT:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

I, \_\_\_\_\_, give my permission for Cotuit Center for the Arts to use videotape and/or photos of my child(ren) for promotional purposes in brochures, newspaper ads, and Cotuit Center for the Arts' website. I understand their names will not be included in these publications, and it will not be used for sale or commercial profit.

Checks should be made payable to Cotuit Center for the Arts. Please send your payment with completed registration form to:

**Cotuit Center for the Arts**  
**P O Box 2042**  
**Cotuit, MA 02635**  
**Or call 508-428-0669**  
**[www.cotuitcenterforthearts.org](http://www.cotuitcenterforthearts.org)**