

REGISTRATION FORM: SUMMER YOUTH VISUAL ART

Student Name

Date of Birth

Age

Address

City, State, Zip

Parent/Guardian Name

Home/Work Phone

Parent Cell Phone

Email

Student's Primary School/Grade completed in June

Extracurricular Visual Art Classes including location and town

Student Signature

Parent/Guardian Signature

Please include:

Deposit of \$300 (non-refundable except in the case of program cancellation by Walnut Hill)

Tuition (for 2 weeks) \$ _____

Session 1 Session 2 For session dates visit:

www.walnuthillarts.org/summer/visual_art.html

Tuition (for 4 weeks) \$ _____

Early drop-off (\$40 per week) \$ _____

Extended day (\$45 per week) \$ _____

Combination (\$65 per week) \$ _____

Total tuition \$ _____

Deposit (\$300) or amount enclosed \$ _____

Balance Due by June 30th: \$ _____

Payment Type: Check or Credit Card (please circle one)

Please make checks out to *Walnut Hill School for the Arts*

Visa Mastercard

Credit Card Number

Name As It Appears On Card

Exp. Date

3 Digit Security Code (on back of card)

Card Holder's Phone

Zip Code

Card Holder's Signature

Please return this form with deposit to:

Office of Admission & Placement
Walnut Hill School for the Arts
12 Highland Street
Natick MA 01760