

**Martin Methodist Community Arts Academy
2020-2021 Registration and Policy Agreement Form**

Semester of Study (check one):
Fall ____ Spring ____ Summer ____

Student Information

Student Name:	Age:	Grade:
Parent/Guardian Name:	Phone:	
Street Address:		
Email:		
Availability:		
Emergency Contact:	Phone:	

Lesson Registration

Class OR Instrument of Study:
Instructor:
Lesson/Class Length:
*Number of Lessons (if applicable):
Total Tuition:
Please check one: Pay in Full ____ Bill Monthly ____

**A full term is 15 weeks (Fall and Spring) or 11 weeks (Summer). All students must register for the full length, unless otherwise approved by the instructor and director.*

Please make all checks payable to the Martin Methodist Community Arts Academy.

By signing below, I acknowledge that I have read and agree to abide by the policies and procedures listed in the Martin Methodist Community Arts Academy.

Signature

Date