



Faith Community School of the Arts

**REGISTRATION FORM  
ART CLASS**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Name of person responsible for payment \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

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

Phones \_\_\_\_\_

E Mail \_\_\_\_\_

Enclosed is my registration fee of \$10 (\$5 for returning students) \_\_\_\_\_.

*I understand and agree to abide by the FCSA policies and I agree to pay all charges for services rendered.*

Signature \_\_\_\_\_ Date \_\_\_\_\_