



Faith Community School of the Arts

**REGISTRATION FORM
COMPOSITION 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 _____.

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

Signature _____ Date _____