

# Imagination Celebration Arts for Life

## Registration Application July 2009

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

Street Address/Apt. # \_\_\_\_\_

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

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Grade level in 2009-2010 \_\_\_\_\_ Age \_\_\_\_\_

Are you a returning student from the Institute?  Yes  No



Parent/Guardian Name \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address 1 \_\_\_\_\_ Email Address 2 \_\_\_\_\_

Who my child can be released to: \_\_\_\_\_

\*\*\*All children must be picked up by 4:15. Any child left after this time will be charged for extend care\*\*\*

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

In case of emergency call:      Name                      Phone                      Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Food Allergies: \_\_\_\_\_

How did you hear about the Institute? (advertisement, website, letter, friend, etc.) \_\_\_\_\_

Class Title \_\_\_\_\_ Meeting Date \_\_\_\_\_ Time \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_

**For Office Use Only**

\_\_\_\_ Completed Registration Form

\_\_\_\_ \$20 deposit (applied toward tuition)

\_\_\_\_ \$80 remaining tuition

\_\_\_\_ Adult 1 day class \$50

Please make check or money order payable to Imagination Celebration Fort Worth.  
 Call the ICFW office, 817-870-1141, for Credit Card Payment  
 Mail application to ICFW: 1300 Gendy, Fort Worth, Texas 76107

I grant Imagination Celebration Fort Worth permission to use, publish, and display for any legal purposes in order to provide information about ICFW, any or all photographs, videos, or descriptive text in which I or the minor(s) whom I am responsible for appear(s).

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_