



Art is Everywhere!

Registration Form



atlantic center for the arts

Student's First Name _____ Age _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Home Phone _____ Cell/Work Phone _____

Email (important! Notifications will be sent by email!) _____

New Student Returning Student ACA member

Emergency Contact _____

Relationship _____ Phone _____

Special Instructions (allergies, medications, etc.) _____

Sessions (circle or highlight session/s)	Date	Time	Tuition ACA/NonM
Session 1	June 17-20	9 – 2	\$75/\$85
Session 2	June 24-27	9 – 2	\$75/\$85
Session 3	July 8-11	9 – 2	\$75/\$85
Session 4	July 15-18	9 – 2	\$75/\$85
Session 5	July 22-25	9 – 2	\$75/\$85
Session 6	July 29-Aug 1	9 – 2	\$75/\$85
Session 7	August 5-8	9 – 2	\$75/\$85

Total Due \$ _____

Deposit(s): \$20 per student, per session \$ _____

Join ACA & SAVE on tuition: \$40 individual membership \$ _____

Total \$ _____

Method of payment (please check one):

Cash (do not mail cash) Check or Money Order Visa

Master Card American Express Discover

Account # _____ Expiration Date _____



Mail completed form to:
Atlantic Center for the Arts
Community Arts Center at Harris House
214 S. Riverside Dr.
New Smyrna Beach, FL 32168
Questions? Phone us @ 386.423.1753
www.atlanticcenterforthearts.org

For ACA use only
 Paid _____ Receipt # _____
 Date _____ Bal. Due _____
 Withdrawn Date _____
 Cancel Date _____
 Refund/Credit _____ Check # _____
 Scholarship _____ Date _____

Release Form

Please sign below

***Payment of a \$20 non-refundable deposit is required to secure space in any session.**

***I understand that the full tuition is non-refundable once a space has been reserved unless requested one week prior to session.**

***Whenever possible, classes, scheduling and instructors will be as represented. They are subject to change without notice.**

***I grant full permission to use photographs, video, and any other recordings of classes or the program involving me or my child(ren) for any legitimate purposes.**

***In consideration of Atlantic Center's acceptance of this enrollment, I hereby waive and release any and all rights and claims against Atlantic Center for the Arts.**

***By signing this form, I acknowledge that I have read and understand the above policies. This agreement is a legally binding instrument when signed by registrant and accepted by Atlantic Center for the Arts.**

Parent Signature _____ Date _____

The Volusia County School Board is not affiliated with this program in any manner, nor does it endorse or assume any responsibility for any activities that may occur in connection with it.

Please send a scholarship application