

# FIRSTLIGHT ARTS ACADEMY 2009/2010 art REGISTRATION FORM

Please Print this form, and mail with a check (payable to Firstlight) to our office at: **109 Chapelwood Lane, Franklin, TN 37069**  
 To ensure a reservation for each class, we require one tuition payment of **\$95** plus the yearly registration fee of **\$25** per student.  
 Each class meets 35 times - August through May, and registration is a full commitment to the class. See our policies for more info.  
 One form per student. *Please write Clearly - Especially numbers - Thanks!*

			<b>Mother/Guardian</b>
Class # (ie: 404)	Class Title:		Full Name
Class #	Class Title:		Mailing Address (if different)
Student's Name:	Prefers to be called:		
Address			Place of Employment
			Home Phone (    )
City	State	Zip	Work Phone (    )
Home Phone: (    )	Cell Phone: (    )		Cell Phone/Pager (    )
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>		Cell Phone/Pager (    )
Age Sept 1, 2009			E-mail (please include at least one email):
Academic School:	Grade 09/10:	Homeschooled?	
Church:	Affiliation:		<b>Father/Guardian</b>
Siblings (and their ages):			Full Name
			Mailing Address (if different)
Person Responsible for Payments (if other than parent):			
Relationship to student:			Place of Employment
Complete Mailing Address:			Home Phone (    )
			Work Phone (    )
Day Phone: (    )	Evening Phone: (    )		Cell Phone/Pager (    )
I understand that space is limited and that my signature below is a full commitment to the 35 classes for this course*			Cell Phone/Pager (    )
Signed: _____ Date: _____			E-mail
*Cancellation requires a 30-day written notice.			
Please tell us how you heard about Firstlight art classes?			<b>Emergency Contacts</b>
			<b>OTHER THAN PARENTS:</b>
			(We will always attempt to contact parents first.)
			We suggest someone who is available during the student's class time
<b>Student Medical Release (Please Print)</b>			<b>CONTACT 1</b>
Doctor's Name:	Dr.'s Phone#: (    )		Full Name
Medical Insurance Carrier:	Insurance Phone #:		relationship to Student
Policyholder's Name:	Policy #:		Day Phone (    )
Medical Facility Request:			Cell Phone/Pager (    )
Any emotional or behavioral conditions?			Evening Phone (    )
Any presently existing or persistent condition/infection? (i.e., asthma, bursitis, etc.)			<b>CONTACT 2</b>
			Full Name
Please list any medications student is currently taking			relationship to Student
			Day Phone (    )
If student is diabetic or hypoglycemic, please indicate the recommended food/drink in case of emergency:			Cell Phone/Pager (    )
			Evening Phone (    )
Does student wear: Eyeglasses      Contacts      Hearing Aids			
Any other information we should be aware of?			
Liability Release			
I/We hereby release Dennas Davis, Firstlight Arts Academy, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by the above-named student while participating in classes and activities offered by Firstlight.			
In case of emergency, I/we grant any staff or faculty member of Firstlight Arts Academy permission to seek medical care for the above-named student.			
Signature of Parent _____			Date _____