

# ACADEMY OF PERFORMING & CREATIVE ARTS



13 Taylor Ave.  
Clinton, NY 13323

315-853-7309  
www.clintonmusicanddance.org

## REGISTRATION FORM

### Personal Information

Name (Last, First): \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy) Street Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell/Work Phone # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

### How Did You Hear About Us? Please Circle All That Apply

Referral Who? \_\_\_\_\_ Yellow Pages Internet Newspapers TV Radio  
Postcards/Mailings Other? \_\_\_\_\_

Classes Registered: \_\_\_\_\_

#### **Please Select Payment Plan**

- ? Annual (Check/Credit/Debit)
- ? Semester (Check/Credit/Debit)
- ? \*Monthly (Check/Credit/Debit)

**\*Monthly Check option can only be used with a valid Credit/Debit card on file**

#### **CREDIT CARD INFORMATION:**

(We accept all major credit and debit cards)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Verification Code (last three digits on the back of the card): \_\_\_\_\_

Exp. Date: \_\_\_\_\_

The Academy of Performing and Creative Arts will never share this information with any other party and will not participate in any unauthorized use of your credit/debit cards.

Academy Representative Signature: \_\_\_\_\_

#### **OFFICE USE ONLY!**

Date Registered \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy) Payment Plan: \_\_\_\_\_ Balance: \_\_\_\_\_

Please be sure to read our School's Policies and Procedures information and place your signature at the end to agree to its guidelines. Thank you very much for your support.