

Academy of the Arts Registration Form

Please mail this registration form and tuition check to the address below. Please fill out one form per student.

Student's Name: _____

Birth Date: _____ Age _____

Parents' Names: _____

Street Address: _____

City, Zip Code: _____

Home Phone: _____

Mom Cell: _____ Mom work: _____

Dad Cell: _____ Dad work: _____

E-Mail: _____

Grade in School for Fall 2008: _____ School: _____

Class Requested _____

Day(s) and Times: _____

Is there anything special we need to know about your child or family?

Class Tuition \$ _____

Materials fee (if applicable) \$ _____

Amount enclosed: \$ _____

Thank you!

Please mail or return your form to the following address:

Academy of the Arts at Perimeter

9500 Medlock Bridge Road

Duluth, GA 30097

Attention Cherie Heringer

Be sure to write the name of your class in the memo part of your check and make your check payable to Academy of the Arts.

Welcome to the Academy and to Perimeter Church.

Here, we consider you family!