



**Registration Form - June-August 2010 - Youth/Teen Arts Program**

- All registrations are processed in the order in which they are received (check with the instructor for class availability). Registrations for each class will be accepted until the class is full, or until the class begins, whichever happens first. Late registrations may be accepted on/after the first day of class on a case-by-case basis.
- Payment: Full payment by check is required in order to secure your space in the class. Make checks payable to the INSTRUCTOR (checks payable to Arts Umbrella cannot be accepted).
- Class Confirmation: Within a few days after your registration is processed you will receive an e-mail confirming your enrollment in the class. We can contact you by phone if you do not have an e-mail address.
- Cancellation Policy: To cancel your registration you need to notify your instructor. If you cancel your registration at least two weeks before the class begins, your instructor will refund the tuition less a \$25 registration fee per class. If you cancel your registration with insufficient notice, no refund will be given. Class fees are nontransferable and cannot be applied to other Arts Umbrella Classes.
- Cancellation by Arts Umbrella: Instructors reserve the right to cancel a class if enrollment is insufficient. Any tuition paid will be refunded in full.
- Class Size: We maintain firm enrollment limits. Maximum class size ranges from 8 to 14 students, depending on the age of the students and the type of program.

Return and/or mail the form(s) with fee(s) for each class to:  
**Arts Umbrella, 720 238th St. S.E., Suite C, Bothell, WA 98021.**  
 Please complete a separate registration for each child you are enrolling.

**Student Name** \_\_\_\_\_ Age \_\_\_\_ Entering Grade \_\_\_\_  
**Parent's Name** \_\_\_\_\_ E-mail \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Phone** ( ) \_\_\_\_\_ **Work Phone** ( ) \_\_\_\_\_ **Emergency Phone** ( ) \_\_\_\_\_  
**Health Concerns:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_

Class #	Class Name	Instructor	Class Fee	Supply Fee	Check#	PAID

**Student Name** \_\_\_\_\_ Age \_\_\_\_ Entering Grade \_\_\_\_  
**Parent's Name** \_\_\_\_\_ E-mail \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Phone** ( ) \_\_\_\_\_ **Work Phone** ( ) \_\_\_\_\_ **Emergency Phone** ( ) \_\_\_\_\_  
**Health Concerns:** \_\_\_\_\_  
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