



Fiddlehead Center for the Arts - Scarborough

2011/2012 Fiddlehead Arts Program Registration Form

Student's Name: _____ Birth Date: _____ Age: _____

Home Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Option	Monthly Tuition
Half Day	
2 days/week	\$288.00
3 days/week	\$398.00
4 days/week	\$520.00
5 days/week	\$640.00

Program runs 8:30-12:30, including lunch time

Days of attendance: _____ Yearly Registration Fee: \$ \$50

Full day _____ Half Day am _____ Half Day pm _____ Cost: \$ _____

Please consider making a tax deductible charitable donation \$ _____

HOW DID YOU HEAR ABOUT FIDDLEHEAD? _____ Total Cost: \$ _____

Liability Disclaimer & Photo Permission: Fiddlehead Center for the Arts and its instructors, officers, agents, employees and volunteers are not liable for personal injury or loss or damage to personal property which could arise out of the course of participating in this program. I understand that these activities may involve physical exercise and perhaps a health risk and I will release all above mentioned parties from any claims. I also grant permission for emergency medical attention in case I am not able to be reached. Indicate below permission for your child's photograph to be taken and posted, used for publicity, &/or posted on the website.
 _____ I give permission for photos. _____ I do NOT give permission for photos.

Refund Policy: If applicant withdraws less than 60 days from the first class, or during the school year, the early withdrawal penalty will be the equivalent of a one month payment plus the deposit/registration fee. Additional monies paid will be refunded based on the number of weeks remaining in the program. If applicant withdraws more than 60 days prior to the first class, all monies paid (except the non-refundable deposit/registration fee) will be refunded. Classes canceled or skipped by the student will not be made up or refunded.

Parent Signature: _____

Payment is due on the first day of each month.

_____ Please charge my credit card on the first of each month.

PAYMENT OPTIONS : Check ___ Cash ___ Visa / MC ___

Payment is expected in full or a finance charge of 10% will be assessed.

Account _____ Expiration: ___ CVV _____

Name as it appears on card: _____

Authorized Signature: _____