

**Winter/Spring Term 2010**  
**Jackson School of the Arts Student Registration Form**

**Student's Name** \_\_\_\_\_ (nick name) \_\_\_\_\_

**Class(es) (name, date, time)** 1. \_\_\_\_\_  
2. \_\_\_\_\_

I have read complete information regarding use of the sliding fee family income scale. I will provide proof of household income within 30 days of registration. \_\_\_\_\_ (parent initial here)

Rate per month on the sliding fee scale \_\_\_\_\_ **or** I do not want to use sliding fee scale. Rate is \$33.

**Class Fees:** **Theater** (16 weeks/4 months) x \$\_\_\_ monthly fee = Total fee \_\_\_\_\_  
**Creative Movement** (16 weeks/4 months) x \_\_\_ monthly fee + \$10 costume fee = Total fee \_\_\_\_\_  
**Dance** (32 weeks) x \_\_\_ monthly fee + \$10 costume usage fee per class = Total fee \_\_\_\_\_  
**Saturday Art Classes** half due at registration, balance due September 28. (supply fee included)  
**Art** circle one 8 weeks/2 months or 16 weeks/4 months + art supply fee = Total fee \_\_\_\_\_  
Art supply fee \$10, \$5 for cartooning/illustration **Clay for Kids** \$60 **1<sup>st</sup> Saturday art classes** \$10 per class.  
**Total Paid Today =** \_\_\_\_\_

Minimum payment due at registration is one month + art supply or dance costume fee.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: day \_\_\_\_\_ night \_\_\_\_\_ cell \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F

School \_\_\_\_\_ **Do you live in City of Jackson? Yes No**

**Does your child have any special needs we should be aware of?** Yes No If yes, please explain. (over)

Parent(s) Name \_\_\_\_\_

**Email** \_\_\_\_\_

Address (if not the same) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ phone(s) \_\_\_\_\_

**Will anyone besides the parents pick up your child?** If yes, please give name and phone number.

We will not permit your child to leave the building with anyone whose name is not listed below.

Name \_\_\_\_\_ phone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ phone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

**How did you hear about the Jackson School of the Arts?** friend newspaper radio flyer in school flyer around town

other \_\_\_\_\_ Have you used the Jackson School of the Arts website? Yes No

**This information is collected to meet requirements for funding at the state and local level and will be kept confidential.**

Yearly household income \_\_\_\_\_ Number living in household \_\_\_\_\_

Race/ethnic Background \_\_\_\_\_ Are you a single parent? Yes No

**Photo/video release form**

I hereby give permission for images of my child, captured during regular and special Jackson School of the Arts activities through video, photo and digital camera, to be used solely for the purposes of Jackson School of the Arts promotional material and publications, and waive any rights of compensations or ownership thereto. **Yes No**

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_