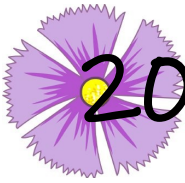***Payment is <u>required</u> upon registration.**

*Student must be registered by 12:00pm <u>the day prior</u> to class.

*Classes with less than <u>2</u> students are subject to cancellation.

2023 Spring Class Registration

Student Name _____

(if under 18) Age _____ Parent Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email: _____

Emergency Contact Name _____ Relationship _____
Phone Number: _____

<u>YES</u>   <u>NO</u>   **I permit photographs of me and/or my child(ren) to be used in Emporia Arts Center promotional materials.**

1. Class Name _____ **Fee $_____**

   Time _____ Date _____ Code _____

2. Class Name _____ **Fee $_____**

   Time _____ Date _____ Code _____

3. Class Name _____ **Fee $_____**

eAC
emporia arts center

Payment Initials: _____ Spreadsheet Initials: _____

Student Name _____

4. Class Name _____ **Fee $_____**

   Time _____ Date _____ Code _____

5. Class Name _____ **Fee $_____**

   Time _____ Date _____ Code _____

6. Class Name _____ **Fee $_____**

   Time _____ Date _____ Code _____

7. Class Name _____ **Fee $_____**

   Time _____ Date _____ Code _____

8. Class Name _____ **Fee $_____**

   Time _____ Date _____ Code _____

9. Class Name _____ **Fee $_____**

   Time _____ Date _____ Code _____

10. Class Name _____ **Fee $_____**

   Time _____ Date _____ Code _____

11. Class Name _____ **Fee $_____**

   Time _____ Date _____ Code _____