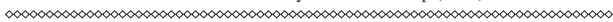




PARTICIPANT REGISTRATION FORM

California Institute of the Arts Community Arts Partnership (CAP) & Sitio Asociado(s)



POLICIES

1. Registration is required in person. Please complete this registration form at the beginning of the session and then turn in to the CAP instructor.
2. If a class is full, the student will be put on a waiting list and contacted by the instructor, as soon as there is an opening.
3. Age limits must be respected - curriculum is designed around specific age groups.
4. The CAP Program reserves the right to substitute instructors when necessary.
5. Make-up sessions for missed classes are not available unless otherwise scheduled by the instructor.
6. Please call or provide a note to the instructor when you will be missing class and/or discontinuing.
7. If parents wish to observe a class, please make arrangements with the instructor in charge.
8. Because the CAP classes offer sequential, professional level training, please make the commitment to attend all sessions and culminating events.
9. The Medical and Standard Appearance Release form must be returned and signed by a parent in order to be enrolled in the class, and then turned in to the CAP instructor.

PARTICIPANT REGISTRATION

Name:..... Email Address:.....

Address:.....

City:..... State:..... Zip Code:.....

Home Phone Number: Date of Birth:

School Name:..... Current School Grade:.....

School Address:

School City: School State:..... School Zip Code:

School Phone:

PARENT/GUARDIAN INFORMATION

Name:.....

Email Address:

Work Phone #:.....

Home #:

Cell Phone #:

Other Phone #:.....

PROGRAM INFORMATION

CAP Program:

Semester:

Year:

Where did you learn about our program:

.....

T-Shirt Size: