

# Registration Form

Fall 2007    Spring 2008

Student's Last name                      First                      Middle initial

Address    Apartment

City    State                      Zip

Home telephone                      E-mail address                       Female                       Male

Social Security number                      Ethnic background (optional)                      Birth date

High school     Public                       Private                       Parochial

Current grade in high school    Year of graduation from high school

Parent/Guardian's Last Name                      First                      Relationship to student

Day telephone    Cell phone number

**Number and title of the course you are registering for:**

1st choice SS \_\_\_\_\_

2nd choice SS \_\_\_\_\_

3rd choice SS \_\_\_\_\_

I prefer a refund if my first choice is not available.

**How did you learn about the Saturday School at UArts?**

- Teacher                       Brochure sent to your home                       Ad
- Friend                       High School                       Other \_\_\_\_\_
- Relative                       Internet

Please note: no registration will be accepted via telephone.

## Discount Information

(1) If the student is the son or daughter of a UArts, PCPA or PCAD alum, that student is entitled to a 10% discount on tuition only.  
 (2) If the student has participated in a prior Pre-College program, Summer Institute or Saturday School, he or she is entitled to a 10% discount on tuition only. Only one discount may be applied to a student's account per semester. Please note: discounts must be calculated and reflected in payment made at the time of registration-no refunds will be issued to correct overpayment.

Parent/Guardian's Last name                      First

Year of graduation     UArts                       CPA                       CAD                       CMAC

Date(s) and course(s) of Pre-College Summer Institute and/or Saturday School participation:

## Payment Information

Tuition	\$350 (includes \$ 25 non refundable registration fee.)	\$	350.00
Former student / Alumni discount	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, subtract \$35	-	\$ _____
Scholarship application	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, subtract \$100	-	\$ _____
Scholarship Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	\$ _____
<b>Total amount due/enclosed</b>			<b>= \$ _____</b>

## PAYMENT

- Check/money order (payable to The University of the Arts) \_\_\_\_\_
- Credit card:    American Express    VISA    MasterCard \_\_\_\_\_

Credit card number    Expiration date    Security Code

Signature    Date    Amount

## Parental Consent

I hereby give my consent for my son/daughter to participate in the above courses including the possibility of nude models or field trips, as scheduled by instructors at The University of the Arts Saturday School. I hereby grant to The University of the Arts the right to the use of or to reproduce, exhibit, display, broadcast and distribute photographic, videotaped or other images of my child, as well as University-related works derived from said images, for use in connection with the activities of the University or for promoting, publicizing, or explaining the University or its activities. This grant includes without limitations, the right to publish such images as public relations/promotional materials such as marketing and admissions publications, advertisements, fundraising materials, and any other University-related publications. I understand that neither the student nor I will be compensated by the University for such use.

Parent's Signature    Date

## For office use only

Student ID # \_\_\_\_\_ Scholarship    Yes    No

Amount   \$ \_\_\_\_\_

Mail completed form to:



Pre-College Saturday School  
 The University of the Arts  
 320 South Broad Street  
 Philadelphia, PA 19102

215. 717. 6430  
 215. 717. 6433 fax  
 www.uarts.edu  
 precollege@uarts.edu