

# The University of the Arts *Saturday Arts Lab* Registration Form 2009 / 2010

REGISTRATION CODE (from back of brochure)       FALL  SPRING

STUDENT INFORMATION  Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth MM/DD/YYYY \_\_\_\_\_

School Name \_\_\_\_\_ Current Grade in School \_\_\_\_\_ Year of Graduation from High School \_\_\_\_\_

**School Type:**  Public  Private  Parochial/Religious  Charter/Magnet  Home School

**Name of Art Teacher:** \_\_\_\_\_

**Do you consider yourself to be Hispanic/Latino?**  Yes  No

**In addition, select one or more of the following racial categories to describe yourself:**

- Black or African American  American Indian or Alaska Native  Asian
- Native Hawaiian or Pacific Islander  White

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

Course # \_\_\_\_\_ Course Title \_\_\_\_\_

**How did you learn about the Saturday Arts Lab?**

Former Arts Lab Student  UArts Website  Teacher/Counselor

Other: \_\_\_\_\_  Advertisement \_\_\_\_\_

**Payment Information:**

**Tuition**  
(Includes \$25 nonrefundable registration fee.) **\$100** \_\_\_\_\_

*\*Note: Scholarship applicants must submit \$25 payment and completed Scholarship Application Form at the time of registration.*

**Scholarship Application\***  
 Yes  No If yes, subtract \$75 - **\$** \_\_\_\_\_

**Total amount due/enclosed = \$** \_\_\_\_\_

AmEx  MasterCard  Visa  Check/Money Order (payable to The University of the Arts)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on the Card (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT:** I hereby give my consent for my son/daughter to participate in the above courses including the possibility of clothed models or field trips, as scheduled by instructors at the University of the Arts Saturday Arts Lab. 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, and/or their artwork, 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 also understand each student is responsible for observing all regulations in the brochures and website of the Division of Continuing Studies that may affect academic progress, financial obligations, relationships with University authorities, transferability of credits, and acceptance of credits for certification as well as knowing regulations regarding withdrawals, refunds, deadlines, program changes and academic policy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed form to:** Pre-College Programs  
The University of the Arts  
320 South Broad Street  
Philadelphia, PA 19102

**OFFICE USE ONLY**

**Student ID #** \_\_\_\_\_ **Scholarship**  Yes  No **Amount \$** \_\_\_\_\_

**Date Processed** \_\_\_\_\_ **Initials** \_\_\_\_\_

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