

# REGISTRATION FORM 2009/2010

REGISTRATION CODE:

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STUDENT INFORMATION:  Female  Male

FALL 2009  SPRING 2010

Last Name	First Name	Middle Initial
Address	Apartment	
City	State	Zip
Home Telephone	Student E-mail	Student Cell Phone
Social Security Number	Birth Date	
High School Name	Current Grade in High School	Year of Graduation from High School

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

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  Native Hawaiian or Pacific Islander  
 American Indian or Alaska Native  Asian  
 White  Other: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Last Name	First Name
Relationship to Student	Day Telephone
Parent E-mail Address	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?

- Former Pre-College Student  UArts Admissions Counselor / Open House  
 Parent  UArts Website  Other: \_\_\_\_\_  
 Teacher / Counselor  Advertisement: \_\_\_\_\_

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. Tuition discounts cannot be combined with scholarships.

Parent/Guardian's Last Name	First Name
Year of Graduation	<input type="checkbox"/> UArts <input type="checkbox"/> CPA <input type="checkbox"/> CAD <input type="checkbox"/> CMAC

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

## PAYMENT INFORMATION

Tuition \$370	(includes \$50 non refundable registration fee.)	\$	370.00
Fee		+\$	_____
Former student / Alumni discount	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, subtract \$37	-\$ _____
(cannot be combined with scholarships)			
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>
<input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Check/Money Order (payable to University of the Arts)			

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, 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. 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 \_\_\_\_\_

## OFFICE USE ONLY

Student ID # \_\_\_\_\_

Scholarship  Yes  No Amount \$ \_\_\_\_\_

Discount Confirmed  Yes  No

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

Mail completed form to:

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

215.717.6006  
 215.717.6538 fax  
 cs.uarts.edu/precollege  
 precollege@uarts.edu