The Yocum Institute for Arts Education Enrollment Agreement

1100 Belmont Avenue - Wyomissing, PA 19610 - Phone 610-376-1576 - Fax 610-376-2926
www.institute-of-arts.org

O New Student O Returning Student Date of Registration:_____

How did you hear about us? O Website O Catalog O Friend O Other_____ O Address Change

Student Information:

Full Student Name: _____DOB:_____ O Male O Female O Other

Address:_____ City_____ Zip Code_____

Home Phone: _____Cell Phone: _____Work Phone: _____

Parent's Name: _____Email:_____

Class Information: Full Year Enrollment: O Yes O No

Class # _____Class Name: _____Class Fee $_____

Class # _____Class Name: _____Class Fee $_____

Class # _____Class Name: _____Class Fee $_____

Class # _____Class Name: _____Class Fee $_____

Class # _____Class Name: _____Class Fee $_____

Class # _____Class Name: _____Class Fee $_____

TOTAL: $_____

Payment Options:

Payment must be made in full at the time of registration.
____ Cash or check payable to: Yocum Institute for Arts Education
____ Pay by credit card as follows:
Please bill my: ___ Visa ___ MasterCard ___ Discover
Account #: _____
Expiration Date: _____ Sec. Code _____
Authorized Signature: _____

I have read the Policies of the Yocum Institute for Arts Education and agree to abide by all these policies. I agree to honor this enrollment as described above. I also agree to the Release of images of myself/my child for Education & Promotional use. I understand that while attending the Institute, my child may be photographed or videotaped for educational and promotional purposes for use by the Yocum Institute for Art Education as follows: catalogue, website, teacher training, grant applications, advertising and etc.

O **No, I prefer images of myself/my child not be used.**

Parent Signature:_____ Date _____

Student Signature_____(if over 18) Date_____