

Fairmount Center for the Arts REGISTRATION FORM

2017 Winter (10 weeks) 1/2 - 3/12, M-up 3/13 - 3/19

FAIRMOUNT CENTER OFFICE HOURS

Monday-Thursday
10am-5pm

Friday
10am-3pm

Saturday
&
Sunday
CLOSED

- **Classes must be paid in full prior to the 1st day of the session whether taken or missed, or the payment plan terms must be set up prior to the 1st day of the session** Fairmount cannot excuse you from payment for a class for which you have contracted when you register. **Tuition is not refunded or pro-rated for missed classes.**
- Make-up classes are offered for instructor cancellations and closings due to weather and holidays. Student absences are made up at the discretion of the instructor and instructors are not obligated to have a make-up. All students are encouraged to notify their instructors of a class absence by calling the office as a courtesy to the instructor.
- **The staff reserves the right to cancel any class due to insufficient enrollment.** A complete refund will be made by check within 14 days of cancellation.



Please register early! Classes limited in size. Registration accepted on a first-come, first-serve basis.
ONLINE: Visit our website at www.fairmountcenter.org and register online!
MAIL: Send this completed registration form and payment to Fairmount Center, 8400 Fairmount Rd, Novelty, OH 44072.
PHONE: Call during the office hours (440) 338-3171
IN PERSON: Drop off your completed registration form and payment at Fairmount Center during the office hours

How did you hear about us? Facebook __ Friend __ Newspaper __ Brochure/Mail __ Website/Other:

DATE: _____

STUDENT: _____
First and Last Name M/F Birth Date (if under 18yrs)

PARENT/GUARDIAN: _____ **Preferred Phone #:** _____
First and Last Name

EMAIL: _____ **Secondary Phone #:** _____

MAILING ADDRESS: _____

PLEASE READ AND SIGN THE FOLLOWING: In consideration of being allowed to participate in Fairmount Center classes and activities, the undersigned or his/her parents or guardian if under age 18, voluntarily assumes all risks of accident or damage to his/her person or property, agrees to abide by all rules and regulations and hereby releases from claim, liability or demand, all employees, representative, trustees and officers of Fairmount Center for the Arts as well as their heirs, executors, administrators, successors and assigns for any person injury or damage of any kind. I understand that the above-mentioned parties are not insurers of my personal safety during this activity. This release is entered into freely and with full knowledge of its contents and effect and will operate for myself, my heirs, executors, administrators and assigns. **I understand photos of myself or my child may be taken during their classes and performances and used for community outreach and publicity for Fairmount Center. I give permission for these images to be used.**

X _____
Student's or Parent/Guardian's Signature if under 18

CLASS/WORKSHOPS/LESSONS	DAY/TIME	# OF HOURS (FDT ONLY)	FEE/TUITION
			\$
			\$
			\$
			\$
			\$
			\$
			\$
I would like to make a donation to the Fairmount Center!			\$
TOTAL			\$

CREDIT CARD #: _____ **EXP:** _____ **CVV:** _____ **MC V D**

NAME ON CARD: _____

BILLING ADDRESS: _____

CHECK #: _____ **CHECK BOX IF PAYING WITH CASH** **CHECK BOX IF USING PAYMENT PLAN**