



SPRING 2010 REGISTRATION FORM

Please enclose payment and mail to: Munroe Center for the Arts, 1403 Massachusetts Avenue, Lexington, MA 02420  
 You may also register by PHONE by calling 978.862.6040, FAX your registration to 781.674.2787, ONLINE at  
 www.munroecenter.com.

Student's name \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

If you have previously taken a class through Artspan, please check here

Address \_\_\_\_\_

Town/city \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Work phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Yes, I agree to allow Artspan to take and use photographs, slides, and recordings of myself and/or my child for records or public relations.

Medical/Learning/Behavioral Needs: We try to accommodate the needs of all students. Please let us know if your child has any medical needs, learning differences or special needs so that we can ensure his/her full enjoyment of our program. Please check this box and answer the appropriate questions on page the attached page.

Student or Parent/Guardian Signature (if under 18) \_\_\_\_\_

Early Bird Discount 10% - Payment due by March 8, 2010.

COURSE#	COURSE – VACATION ARTS – WORKSHOP	Day &Time	Tuition	Materials/ Extended Day Fee	LESS Early Bird Disc (10%)	<b>SUBTOTAL</b>
<b>REQUIRED: BUILDING RESTORATION FEE.</b> \$25/per student \$60/per family. Paid once annually –academic year September – August. Waived if paid to another Munroe School (Circle): Dance Inn - Lexington School of Ballet - Lexington Music School						Circle Fee: \$25 – \$50 - \$60 Already Paid Waived
<b>TOTAL TUITION AND FEES</b>						

Please note: Additional Fees apply for credit card registrations. For exact cost, see online registration listing. Credit card charges will appear as Mktix.com.

Payment by: Cash Check Visa Mastercard Card # \_\_\_\_\_

Cardholder's name \_\_\_\_\_ Exp. Date \_\_\_\_\_



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**Additional Information: Medical, Learning, or Behavior Needs**

Student Name: \_\_\_\_\_

We want to accommodate the needs of your child. Please answer any of the following questions that apply:

Does your child have any medical problems? Please include any allergies and emergency medical plans or procedures for allergic reactions. If your child has an EpiPen prescription, please let us know if the child will carry the EpiPen, or if one will be provided for ArtSpan.

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Does your child have an IEP? If so, please list primary goals.

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What are your child's challenges? Please include any specific behaviors or communication challenges we should know about.

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Is there anything else we should know?

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