

Please complete this form and return to Jennifer Isaacs, Education Coordinator.  
**The Spring Semester begins on Monday, January 5, 2009.**

I am a:

- Returning ArtWorks Student  
continue to sections I – IV
- New ArtWorks Student  
continue only to section I; contact Jennifer Isaacs for complete registration packet

## I. STUDENT CONTACT INFORMATION

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_  
First Last mm/dd/yyyy

- Contact information is unchanged
- Contact information has changed (make changes below)

Address (if different from Fall 2008): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Student Email: \_\_\_\_\_

## II. MEDICAL INFORMATION

- Medical information is unchanged
- Medical information has changed (make changes below)

Student Physician/ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Insurance Coverage [Blue Cross/Blue Shield, Aetna, United Healthcare]: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Continue to section III – next page

**III. PROGRAM FEE**

**All payments for the spring semester must be received on or before March 16, 2009.**

**Payment Options**

Spring Semester Program Fee Paid-in-Full (\$300 on or before January 26, 2009).

I would like to pay in installments:

Installment	Amount	Due
1	\$100	01/14/2009
2	\$100	02/16/2009
3	\$100	03/16/2009

**Program Payment Policy**

**I understand that the program fee is nonrefundable.** I also understand that by registering, I am committing to the program fee in full, regardless of attendance. Students who withdraw after one week forfeit program fees. I understand that SOPAC is responsible for maintaining a safe educational environment and if my child's behavior is disruptive or in violation of SOPAC Rules of Participation s/he may be dismissed from the ArtWorks Program after a parent conference. I further understand there will be **no refund of tuition** if my child is dismissed or stops attending SOPAC ArtWorks.

I have read and completed this form. I have also read and understand the SOPAC ArtWorks Program Payment Policy. I understand that the same Student Commitment for the ArtWorks program still stands. If I have any concerns, I will contact Jennifer Isaacs, Education Coordinator, at [jenny@sopacnow.org](mailto:jenny@sopacnow.org), or 347-583-7170.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_