



Masters School of Art

Christian Center for the Arts

Foundational Studies Program Student Application

Friday School Thursday School

Student Name _____ Date of Birth _____

Parents Name: (applicable only for students under 21)

1 _____ 2 _____

Home Phone _____ Alternate Number _____

Parents Emails: _____

Student Email: _____

Address: _____

Registration for Term:

_____ Fall 2011	_____ Spring 2012	Fall + Spring combined
Reg. Fee \$35	Reg. Fee \$35	Full Year
		Reg. Fee \$60

In Case of Emergency:

1 _____ 2 _____

Phone: _____ Phone: _____

All Day: _____ Yes _____ No

How did you hear about us? _____

\$35 Non-Refundable Application Fee or \$60 if registering for full year (Fall & Spring combined)

Make Checks Payable to: Masters School of Art

**Send Payment & Application to: Masters School of Art
P.O. Box 82
Clackamas, OR 97015**

Please note: We reserve the right to use photographs of the student's artwork on the website, in the newsletter, advertisement materials or other uses.

_____ Please check if you do not wish your child's name to be released.

_____ Please check if you do not want your child shown in photographs, film or on our website.