



**Registration Form**

Student name \_\_\_\_\_ Date of Birth (under 18) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School attending \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent/Guardian or Adult Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email (most frequently accessed) \_\_\_\_\_

Signature \_\_\_\_\_

(Parent/Guardian must sign if student is under 18 yrs. old)

**Enrollment Information**

Course or Ensemble Name	Lesson Length	Fee

Sub-total \$ \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Total enclosed \$ \_\_\_\_\_

SPCAA accepts Cash or Check/Money Order

Checks or money orders should be made payable to St. Peter's Community Arts Academy.

Mail to: St. Peter's Community Arts Academy  
PO Box 266  
Geneva, NY 14456

My check or money order is enclosed in the amount of \$ \_\_\_\_\_ .

Would you like information on scholarships/tuition assistance?  Yes  No