



Masters School of Art

Christian Center for the Arts

Foundational Studies Program Student Application

Salem Wednesday School

Registration for Term: _____ Fall 2016 \$35 _____ Spring 2017 \$35 _____ Fall & Spring \$60 Circle Full-Time (F) or Part-Time (P)

Student Name _____ Date of Birth _____ Age _____ F P

Student Name _____ Date of Birth _____ Age _____ F P

Parents Name:

1 _____ 2 _____

Home Phone _____ Alternate Number _____

Contact Emails: _____

Address: _____

In Case of Emergency:

1 _____ 2 _____

Phone: _____ Phone: _____

How did you hear about us? _____

\$35 Non-Refundable Application Fee (Register for both terms and save \$10)

Make Checks Payable to: MSOA

**Send Payment & Application to: Masters School of Art
PO Box 7122
Salem, OR 97303**

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.

Please check one of the following:

_____ I will support/participate in the school fundraisers (donate at least one item to the auction, volunteer at least one time each term and support other fundraisers)

_____ I would rather not volunteer or be involved in the schools fundraisers. I prefer to pay an additional \$15/month for tuition (for those taking 2 or more classes)