



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 \$ _____

Applying for Financial Aid Assistance: Yes _____ No _____

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 \$ _____ .