Master's Academy of Fine Arts

STUDENT Registration Form 2026-2027

Parents' name(s) _____

Street _____City _____ Zip _____

Home phone _____

Mother's Cell _____ Father's Cell phone _____

Emergency Contact if neither parent is available _____

_____

Email Address most often checked (**required**) _____

Please print legibly

Insurance Company _____PolicyForm # _____Group #_____

Invoice #: Total from Invoice:

Student FULL Name _____Birthday:_____
First Last

Name of Class _____ Class time_____

Name of Class _____ Class time_____

Name of Class _____ Class time_____

Name of Class _____ Class time_____

If your child has any **mental, emotional or physical handicap**(s) which may affect their participation in the Master's program, please explain on a separate sheet of paper and attach it to this form.

My signature below indicates that I have **read and understand** the policies and obligations of parents and students involved in The Master's Academy of Fine Arts as explained in this form.

Signature _____ Date _____