

NIU Community School of the Arts Registration Form – Fall 2017/Spring 2018

QUESTIONS? 815-753-1450 csa.niu.edu ksherman2@niu.edu #15609

Parent's Name or Adult Student's Name: _____ Phone (home): _____

Address: _____ Phone (mobile): _____

City/State/Zip: _____ *Email (student): _____

*Email (parent): _____

*Will not use your email for marketing purposes

List each activity separately.

	Fee
1. Student Name _____ Age (if under 18) _____ Semester Circle one: Fall Spring Fall/Spring <input type="checkbox"/> Lessons Lesson length Circle one: 30 45 60 Requested teacher _____ Teacher level _____ Instrument _____ <input type="checkbox"/> Class/Ensemble Name of Activity _____ Circle one: Traditional or Suzuki	
2. Student Name _____ Age (if under 18) _____ Semester Circle one: Fall Spring Fall/Spring <input type="checkbox"/> Lessons Lesson length Circle one: 30 45 60 Requested teacher _____ Teacher level _____ Instrument _____ <input type="checkbox"/> Class/Ensemble Name of Activity _____ Circle one: Traditional or Suzuki	
3. Student Name _____ Age (if under 18) _____ Semester Circle one: Fall Spring Fall/Spring <input type="checkbox"/> Lessons Lesson length Circle one: 30 45 60 Requested teacher _____ Teacher level _____ Instrument _____ <input type="checkbox"/> Class/Ensemble Name of Activity _____ Circle one: Traditional or Suzuki	

Optional Parking Pass \$25 one semester; \$50 two semesters	Make and Model	Year	Color	License Plate
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Discount Criteria: 1. Two students/same family 2. One student/two activities 3. Seniors 65 +
 \$25 one semester; \$60 two semesters (must register before Oct. 12 in fall and Feb. 26 in spring)

Registration Fee \$15 per person, to be paid once, in fall or spring.

Payment Information Make checks payable to <i>Northern Illinois University</i> .	TOTAL OWED
Mail to: NIU Community School of the Arts; Visual and Performing Arts; Northern Illinois University; 1425 W. Lincoln Highway; DeKalb, IL 60115 or Fax to: 815-753-8372 (with credit card payment only)	For installment payees: FIRST INSTALLMENT PAYMENT
	BALANCE DUE

Credit Card Payment
 Use my: Visa MC Discover American Express
 Card number: _____ Exp. date: _____
 Name and address as it appears on the card/statement: _____

Charge my card for the total owed.
 I would like to use the installment plan and will pay in two installments (1 semester enrollment) 4 installments (2 semester enrollment). *The installment plan requires the use of a credit card. NOTE: We cannot accept a credit card that expires before the date of your final installment payment.*

Sign below to indicate that you have read and understand the terms of the installment plan, detailed in full on the website.
 Signature: _____

Describe any participant health conditions or special needs that might be important for the teacher to know.
Note: Although we try to accommodate all special needs, we may not have the resources to do so.

Name: _____
 Description: _____

Please do not photograph my/our children.
 I/We **do not** want pictures of my/our children to be used in CSA publicity, including display boards, press releases, website, and brochures.

Office Use Only Teacher contacted: _____ Date: _____ Confirmed on: _____
 Installment Payments: _____ / _____ / _____