

**Registration for Home School Classes**  
**at**  
**The Findlay Art League, 117 West Crawford Street, Findlay, OH 45840**

First Semester \_\_\_\_\_ Second Semester \_\_\_\_\_

The following student(s) wish to be enrolled:

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of Responsible Parent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Allergies \_\_\_\_\_

(Use back if needed)

Diabetic? Yes \_\_\_ No \_\_\_ If Yes, please include written information concerning care.

Handicap \_\_\_\_\_

Payment: I prefer to pay \_\_\_ total lump sum \_\_\_ monthly Enclosed Amt. \_\_\_\_\_

**Information below to be completed by administration**

Cost of first child	\$ _____	Payments:	check #	cash
		September	\$ _____	_____
Cost of second child	\$ _____	October	\$ _____	_____
		November	\$ _____	_____
Cost of third child	\$ _____	December	\$ _____	_____
		January	\$ _____	_____
		February	\$ _____	_____
TOTAL	\$ _____	March	\$ _____	_____
		April	\$ _____	_____

Payment can be made by cash, check to The Findlay Art League, or online at [findlayartleague.org](http://findlayartleague.org)

Please return completed registration form along with appropriate fees (unless paid online) to The Findlay Art League at the above address.

