

REGISTRATION FORM

- Registration begins **DECEMBER 5**
- Late registrations will incur a \$25 late fee

Date	Date of Birth		
Last Name	First Name	Middle Initial	
Address	City	State	Zip
Phone (day)	Phone (evening)	Email	

Course #	Title	Day/Time	Instructor	Tuition	Lab/Mat Fee	Total

METHOD OF PAYMENT

- VISA
 Mastercard
 AmEx
 Discover
 Check*
 Cash

Name on Credit Card _____

Credit Card Number _____ Expiration Date _____

Signature _____

Check # _____ *Make checks payable to PAFA

Academy Membership Level _____ Expiration Date _____

Tuition Total	
Locker	
Sub Total	
Discount*	
T O T A L	

***Academy Members at the Friends Level and above receive a 10% discount (tuition only)**

Have you taken a class here before?

- Yes No

How did you find out about us?

- Radio (What station?) _____
 What is your favorite station? _____
 Newspaper (Which one?) _____
 Internet (What site?) _____
 Other (Please specify) _____

How did you receive this catalogue?

- Mailed to me
 Picked it up at: _____

Are you an Academy alumnus?

- Yes No
 If Yes, which program/year? _____

Please check if you would like more information about Academy Academic Programs

- Certificate Bachelor of Fine Arts
 Master of Fine Arts Post-Baccalaureate

I wish to enroll in the CE Core Curriculum Program

For K-12 educators

- I wish to enroll in the ACE Program for K-12 Educators
 I am taking a course for Act 48 credit or New Jersey Dept of Ed Professional Development Credit

Professional Educator I.D.# _____

For Office Use: Class Book _____ Materials _____ Database _____