

REGISTRATION FORM

ART from the START

MORGAN ARTS COUNCIL • SHENANDOAH WOMEN'S HEALTH • STARTING POINTS

(One form per adult attendee, please) *All classes meet at the Ice House*

Caretaker Name: _____ Child's Name: _____

Home Phone: _____ Day Time/Work ph: _____

Street Address: _____

City/State: _____ ZIP _____

Age of your child/baby: _____ Birth Date: _____ Sex: M F

*or if pregnant, when are you due? _____

Email: _____

Emergency Contact: _____ Phone: _____

FEES: \$5 per student

_____ I would like a scholarship.

How did you hear about **Art from the Start**? FLYER____ WEB SITE____ NEWSPAPER____ FRIEND____ ORGANIZATION____

I give the Morgan Arts Council permission to use my child's photograph in program related activities and press.

Accept _____ Decline _____



PLEASE MAKE CHECKS PAYABLE TO: MORGAN ARTS COUNCIL

Please mail completed registration & check to: Morgan Arts Council, PO Box 248, Berkeley Springs WV 25411

visit www.macicehouse.org or call (304) 258-2300 or (304) 258-5600

A project of The Morgan Arts Council, Morgan County Starting Points and Shenandoah Women's Health with support from the United Way and funding from a grant awarded by Prevent Child Abuse WV and its funding partners, the WV Children's Trust Fund, the Claude Worthington Benedum Foundation and the WV Department of Health and Human Resources allows the arts classes to be offered to the general public on a sliding scale.

Office Use Only: Date Registration Form Received: _____

Scholarship Amount Awarded: _____ Date Notified: _____