

Today's date:

Spring '18 CLASS REGISTRATION FORM **(Please Print)****STUDENT INFORMATION**

Student's family (last) name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:				Home phone no.: ( )		
P.O. box:	City:	State:	ZIP Code:			
Occupation:	Employer/School Name:			Employer/School phone no.: ( )		
How did you find out about The Costume House's Classes? (please check one box):						
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> TCH Employee	<input type="checkbox"/> Google Search	<input type="checkbox"/> TCH Website	<input type="checkbox"/> Social Media	<input type="checkbox"/> Other	
If (other), please state here:						

**PAYMENT INFORMATION**

(Please give your payment of choice to the front desk.)

Person responsible for payment:	Birth date: / /	Billing Address (if different):	Home phone no.: ( )	
Have you been here before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>I am taking and/or paying for, the following classes:</b>				
<input type="checkbox"/> Costuming 101 <input type="checkbox"/> Sewing Basics 101 <input type="checkbox"/> Master Classes 2018 <input type="checkbox"/> The Spring 2018 Semester Bundle (\$600)				
List of classes that I am taking (Please list <b>Class Name(s)</b> and the <b>Class Number(s)</b> )				
Payee's name:	Payee's Card Number	Expiry date: / /	CVV Code (located on the back of your card)	Total Owed: \$
<i>Space intentionally left blank</i>				
<b>Is the payee, paying with a card?</b> If so, there will be an ESF fee that applies. <input type="checkbox"/> I agree <input type="checkbox"/> I will pay with an alternate method		<b>NOTICE:</b> The payee will have a copy of their card and Photo ID taken, in case other forms of payment are not submitted.		
<b>Is the payee, paying with cash or a check?</b> If paying by check, The Costume House will only accept business and banking checks or money orders. We will not accept personal checks. <input type="checkbox"/> I agree <input type="checkbox"/> I will pay with an alternate method				
Payee's relationship to student:		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other    If (Other), please state here:		

**IN CASE OF EMERGENCY**

Name of local friend or relative (not living at same address):	Relationship to student:	Home phone no.: ( )	Secondary phone no.: ( )
The above information is true to the best of my knowledge. I authorize my classes to be paid directly to the The Costume House, LLC. I understand that I am financially responsible for any balance. I also authorize The Costume House, LLC to take payment in advance of any classes and understand that the fee for the Spring 2018 Semester is non-refundable.			
Student/Guardian signature		Payee signature (only if payee is not student/guard.)	Date

**OFFICE USE ONLY**

Name of Employee who took details:

Type of Payment Taken:

Date Taken payment:

Amount Taken: \$

**Please make sure checklist below is completed**

- ☐ Copy of Forms Taken
- ☐ payment taken (if Card – ESF fees included)
- ☐ Photo ID taken
- ☐ Student given a prospectus print out of class and dates
- ☐ Copy of Receipt given to guest and also original copy stored at front desk

Employee Print Name \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Date of Signing \_\_\_\_\_