

# DECORATIVE ARTS CENTER OF OHIO

Reese-Peters House

## Student Class Registration Form

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

New Student: Y N      Member: Y N      Student Age: \_\_\_\_\_      Grade: \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell/Alt. Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Student Allergies or Medical Condition (if applicable): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

CLASS/PROGRAM NAME	DATE	TIME	Age/Grade	COST

Payment Method: \_\_\_\_\_ Cash      \_\_\_\_\_ Check      \_\_\_\_\_ Credit Card (MC / VISA) Exp. Date: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Credit Card No.: \_\_\_\_\_

NOTES: \_\_\_\_\_

Please Mail Form to the Following Address:  
Decorative Arts Center of Ohio (Attn. Admin), 145 East Main Street, Lancaster, OH 43130  
Or Fax (740) 681-2713