

# 2009- 2010 Enrollment Form

*This information is optional and for grant purposes only.*  
 Ethnicity:  Caucasian  African American  Native Indian  Asian  
 Pacific Islander  Hispanic  Multi-Ethnic \_\_\_\_\_  
**How did you discover The Hoffman Institute?**  
 friends  billboard  magazine ad  tv ad  newspaper ad  
 I prefer not to answer any of the above questions.

OFFICE USE ONLY			
Date	Registrar	Patron ID#	Order #

Student Name \_\_\_\_\_  Male  Female Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_

If student is over the age of 16, please list student's email address \_\_\_\_\_

New Student  Returning Student Current Grade \_\_\_\_\_ School \_\_\_\_\_ County \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Membership # (if applicable) \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Phone No. (Cell) \_\_\_\_\_ (Daytime) \_\_\_\_\_ (Home) \_\_\_\_\_

Phone No. (Cell) \_\_\_\_\_ (Daytime) \_\_\_\_\_ (Home) \_\_\_\_\_

Physician's Name/Facility \_\_\_\_\_ Phone No. \_\_\_\_\_

Please list any prior injuries, allergies and any medications the student is currently taking \_\_\_\_\_

Emergency Contacts and additional person(s) approved for child pick-up:

1) Name & Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

2) Name & Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

FILM/PHOTO/INFORMATION RELEASE: I give permission (for the above named minor) to be filmed or photographed while participating in any event at the Marcia P. Hoffman Performing Arts Institute at Ruth Eckerd Hall. I understand that these films or photographs will be used for noncommercial purposes only (eg. billboards, programs, posters and brochures) and that I am not entitled to any compensation. **Ruth Eckerd Hall does NOT sell, trade or publicly distribute any patron's mailing address, phone number or email address.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLASS NAME	TUITION	TEXT/MATERIALS FEE	SUBTOTAL
<b>ENROLLMENT FEE</b>			<b>\$15.00</b>
<b>(Nonrefundable processing fee charged each term. Waived for members.)</b>			
<b>SUBTOTAL</b>			
<b>AMOUNT PAID</b>			
<b>BALANCE DUE</b>			

All payments and/or financial arrangements must be completed *prior* to the start of the first class. Tuition refunds will **only** be given if the class is cancelled by the Hoffman Institute. Credits are considered by the Director of Education on a case by case basis only. No refund or credit will be given once 50% of the class has been completed. No exceptions. By signing below, I authorize the Hoffman Institute to automatically charge my credit card for all outstanding balances, including all financial agreements and additional orders that pertain to this purchase. I understand that this information will be kept secure and that the Hoffman Institute will not share my personal information with any third party.

Method of payment:  **Check, payable to Ruth Eckerd Hall, Inc.** (There is a \$30.00 NSF fee for returned checks.)

VISA  Master Card  American Express  Discover

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ (Please print name exactly as it appears on card.)

Signature: \_\_\_\_\_

