

The Long Island Academy of Fine Art

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Glen Cove, NY 11542

(516) 924-3294
Email: info@liafa.com
www.liafa.com

Please call 646-508-7645 to register by phone.

Adult Portfolio Development YAP

REGISTRATION INFORMATION

Student Name _____ Age (youth only) _____ Parent Name (youth only) _____

Street _____ Apt# _____ City _____ State _____ Zip _____

E-mail _____ Work phone _____ Home phone _____

Please do not add me to your e-mail/discount list.

How did you hear about the Long Island Academy of Fine Art? a friend website advertisement

other _____

STUDENT REGISTRATION

Semester/Date _____

Code	Course Title	Time/Day	Tuition

PAYMENT

Paid in full with: Check/Cash Visa MC If paying by check, make payable to: "LIAFA."

Card number _____ Exp date: _____ Security Code: _____

Name on card _____ Signature _____

Total Tuition

Fees

Subtotal

* Deposit/Payment

* Total tuition and fees are due by first class.

STUDENT TERMS

ENROLLMENT POLICY: By signing below, I understand and agree to the terms of this registration form. I also agree to hold harmless LIAFA, its employees and volunteers, as well as any and all other persons connected with LIAFA, from all liability to any damage I may sustain by reason of my registration, participation, or use of equipment or the facilities therein. LIAFA and its faculty reserve the right to remove any student whose conduct is disrespectful or disruptive to the school. If you are under 18, please have a parent or guardian sign this form. LIAFA is not responsible for missed classes.

REFUND POLICY: Students who withdraw from a course after the first class will be fully refunded. Those who withdraw after the second class will receive a 50% refund. There is no refund for withdrawal after the third class.

Signature _____

Date _____

Office Use Only