



LONG ISLAND ACADEMY *of* FINE ART

Registration Information

Student Name _____ Age (youth only) _____ Parent Name (youth only) _____
 Street _____ Apartment # _____ City _____ State _____ Zip _____
 Email _____ Work Phone _____ Home Phone _____
 How did you hear about us? 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	

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, it's 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 the equipment or the facilities therein. LIAFA and it's faculty reserve the right right to remove any student whose conduct is disrespectful or disruptive to the school. If you were under 18, please have a parent or guardian sign this form. LIAFA is not responsible for missed classes.

Refund policy: students who withdraw from the 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: _____