

HOPE ACADEMY

OF MUSIC AND THE ARTS
EAST LIBERTY PRESBYTERIAN CHURCH
116 S. Highland Ave., Pittsburgh, PA 15206

412.441.3800 x11

www.HopeAcademyArts.com

2016 - 2017 REGISTRATION FORM

Please use a **SEPARATE FORM** for each student
and **PRINT** all information.

Check semester that you are registering for here:

FALL 2016 WINTER 2017 SPRING 2017

STUDENT: Last name _____

First name _____ Middle name _____

Gender _____ Age _____ Birth date _____

Grade _____ School _____

Home Phone # _____ School District _____

Parent/guardian and emergency contact. This information is required for all students attending Hope Academy. To submit this information, complete the section on the reverse side. Any information you submit will be kept confidential.

E-mail for registration confirmation, scheduling changes and cancellations. We will add you to our email newsflash list.

Please register the above student for the following course/s.

COURSE TITLE / PRIVATE LESSON TYPE	TUITION
Registration Fee Each student who registers (even for free classes) is required to pay a \$10 registration fee per term.	Total Tuition \$10 Registration Fee / term
Tax-deductible Donation →	
Tuition covers only a small portion of Hope Academy's operating costs. Your tax deductible donation allows us to continue to offer high quality, affordable arts education to children and youth in our community. Families who are able, are asked to make a donation. Thank you.	TOTAL PAYMENT
	Make checks payable to "ELPC"
Payment Make check (or money order) payable to "ELPC" (East Liberty Presbyterian Church) and include student's name on the memo line. Do not mail in cash payments. If payment by check, indicate check # here: _____.	
Agreement I have read and understand the payment and refund policies. (See back side of the Hope Academy course catalogue.) I have completed the parent/guardian and emergency contact information on the reverse side of this form. I understand that photos and/or videos of my child may be used for publicity purposes. I agree to abide by the policies of Hope Academy.	
Signature of parent or guardian _____ Date _____	

Be sure to complete both sides, sign where indicated, and return with your check or money order for total payment to:

Hope Academy of Music and the Arts
c/o East Liberty Presbyterian Church, 116 South Highland Avenue, Pittsburgh, PA 15206

over, please

Parent/Guardian and Emergency Contact Information

Complete the following information which is required for all students attending Hope Academy. In case of an illness, injury or other emergency, Hope Academy will know how to reach you or the person you have authorized us to contact if you cannot be reached.

All information will be kept confidential.

Student

Last name _____
First name _____
Address _____
_____ Zipcode _____

Guardian #1 (1st person to be contacted)

Mother Father Other _____

Name _____

Please check best phone number to call:

Home phone (____) _____

Work phone (____) _____

Cell phone (____) _____

Email _____

Guardian #2

Mother Father Other _____

Name _____

Home phone (____) _____

Work phone (____) _____

Cell phone (____) _____

Email _____

INTENTIONAL DIVERSITY

In order to be intentional about creating a diverse, multicultural community, Hope Academy's scholarships, tuition assistance, and half of our available spots for classes will be reserved for students who qualify as being low income and/or who represent a racial, ethnic or cultural minority. Preference is also given to returning students and families. Please help us live into our mission by answering the following three questions:

New Student Returning Student

How do you (the student) identify yourself? Check one.

___ African American/Black ___ Hispanic/Latino/White

___ Asian ___ Hispanic/Latino/Black

___ Caucasian/White ___ Native American/Pacific Islander

___ Multiracial ___ Declined

___ Unavailable/Unknown ___ Other (specify): _____

Students from low income families are eligible for reserved class placement and tuition assistance. Please let us know if your family is eligible for any of the following assistance programs:

SSI / Social Security, Section 8 Housing, CHIP, WIC, Foster Care, SNAP (food stamps) from PA, Medical Assistance from PA, Cash Assistance from PA, Assistance from LIHEAP 1 or 2, Refugee/Immigrant Assistance or Participant in Homeless/Domestic Violence program, SAT Fee Waiver

___ My family is not eligible for any of these programs and does not receive assistance.

___ Yes, my family is eligible for at least one of these programs and receives some form of assistance.

___ My family is low income (less than 200% of the Federal Poverty Level) or has special circumstances, but we do not receive assistance.

Optional, Secondary Mailing Address

Only if you would like duplicate notices pertaining to your child sent to another address.

Name _____

Address _____

Emergency Contact

Name _____

Home phone (____) _____

Work phone (____) _____

Cell phone (____) _____

Relationship _____

In case my child becomes ill or injured and I cannot be contacted, Hope Academy has my permission to contact and release my child to the custody of the emergency contacts listed above.

Signature of parent or guardian

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for Hope Academy to take appropriate action for the safety and welfare of my child.

Signature of parent or guardian

Please indicate if your child requires any accommodation, or has any special needs.

___ My child has an allergy or medical condition.
(attach a description and special instructions)

___ My child requires an accommodation. I will be available to meet and discuss a reasonable plan. (please bring your child's IEP to the meeting)

Can you be a PARENT VOLUNTEER?

___ Check here if someone in your family would be interested in volunteering at Hope Academy.



412.441.3800
HopeAcademyArts@gmail.com



116 S. Highland Ave.
Pittsburgh, PA 15206