



Masters School of Art

Christian Center for the Arts

Foundational Studies Program Student Application

Friday School

Thursday School

Student Name _____ Date of Birth _____

Parents Name: (applicable only for students under 21)

1 _____

2 _____

Home Phone _____

Alternate Number _____

Parents Emails: _____

Student Email: _____

Address: _____

Registration for Term:

_____ Fall 2008

_____ Spring 2009

_____ Fall 2009

In Case of Emergency:

1 _____

2 _____

Phone: _____

Phone: _____

All Day: _____ Yes

_____ No

How did you hear about us? _____

\$35 Non-Refundable Application Fee

Make Checks Payable to: Masters School of Art

**Send Payment & Application to: Masters School of Art
14819 SE Primrose Ave.
Milwaukie, OR 97267**

Please note: We reserve the right to use photographs of the student's artwork on the website, in the newsletter, advertisement materials or other uses.

_____ Please check if you do not wish your child's name to be released.

_____ Please check if you do not want your child shown in photographs or film.