

Registration Form

Date _____

Student Name _____ D.O.B. _____

Parent/Guardian (For students under 18 years of age) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

MIA/MPR/WAC Membership Number _____ Expiration _____

Course Title	Course #	Day/Section	Tuition	Fees	Total

Check/Money Order Number _____

Credit Card Number _____

Expiration Date _____ 3-Digit Security Code _____

Credit Card and Registration Signature _____

By signing this form, I agree that I have read, understand, and will comply with the policies outlined in this catalog. I understand that registration in continuing studies courses entitles me to use only the MCAD facilities and equipment assigned to the course for which I am registered during the dates of the course. I understand that MCAD reserves the right to dismiss a student when his/her actions show disrespect for other people or property. I give permission for photographs of myself and/or my child to be used by MCAD for noncommercial promotional purposes.