

Bridgeview School of Fine Arts. Children.

SECTION 1

STUDENT NAME _____

Are you a new or returning student? New Student _____ Returning Student _____

Returning students do not need to fill out SECTION 2, proceed to SECTION 3.

New students, please fill out SECTION 2.

SECTION 2

STUDENT BIRTHDAY (**required**) _____ PARENT NAME(S) _____

STREET ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP CODE _____ PHONE # _____

E-MAIL _____

NAME/LOCATION OF YOUR CHILD'S SCHOOL _____

Is there an art program at your school? If Yes, who is your art teacher? _____

SECTION 3

Class Title: _____ Day/Time _____ Tuition: \$ _____

Recommended Donation (Optional)** \$20 \$40 \$60 \$100 \$ _____

TOTAL PAYMENT: \$ _____

** Donation is optional. Tuition only covers partial salaries and rent; we are grateful for any contribution! All donations are tax-deductible. Bridgeview School of Fine Arts is a 501(c)3 organization.

METHOD OF PAYMENT. NO CASH PAYMENTS, PLEASE.

We accept Visa, MC and Discover cards. No American Express

Credit Card #: _____ Expires _____ 3 digit security (from back of card) _____

I am mailing a Check or Money Order (written to Bridgeview School) _____

I would like to have a receipt e-mailed to me at this e-mail _____

For snail mail please use this address:

WHERE TO MAIL THIS FORM: Bridgeview Administrative Office,

1708 Brisbane St. Silver Spring, MD 20902