

Spring 2012 registration form

NAME SOCIAL SECURITY NUMBER (OPTIONAL) DATE OF BIRTH

LOCAL ADDRESS CITY STATE ZIP EMAIL

HOME PHONE WORK PHONE IN EMERGENCY, NOTIFY RELATIONSHIP PHONE

HAVE YOU ATTENDED SMFA IN THE PAST? YES NO _____ WHAT PROGRAM? DEGREE SUMMER DIPLOMA HS PROGRAM CE
IF YES WHEN?

ARE YOU A GRADUATE OF SMFA? YES NO _____
IF YES WHEN?

ARE YOU CURRENTLY ATTENDING ANOTHER SCHOOL? YES NO _____
IF YES WHERE?

ARE YOU A NEW STUDENT? YES NO ARE YOU A SENIOR CITIZEN (62 OR OLDER)? YES NO ARE YOU A MEMBER OF SMFA MEDICI SOCIETY? YES NO

ARE YOU A MUSEUM MEMBER? YES NO _____
MEMBERSHIP CARD # HOW DID YOU LEARN ABOUT OUR PROGRAM?

COURSE(S) REGISTERING FOR

COURSE NUMBER COURSE TITLE TUITION \$

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ALTERNATE COURSE

COURSE NUMBER COURSE TITLE DISCOUNT/VOUCHER \$

LETTER GRADE REQUEST

FOR CREDIT COURSES ONLY: WILL YOU BE REQUESTING A LETTER GRADE? YES NO

GENERAL FEE \$50
(PAID ONCE PER SEMESTER WHEN REGISTERING) \$ 50

TOTAL TUITION / FEES \$ _____

PAYMENT INFORMATION MASTERCARD VISA CHECK (PAYABLE TO SMFA) VOUCHER

ACCOUNT NUMBER EXPIRATION DATE BILLING ZIP CODE 3-DIGIT SECURITY CODE

I AUTHORIZE THE CHARGING OF \$ _____ CARD HOLDER NAME _____ CARD HOLDER SIGNATURE _____

ETHNIC/GENDER SURVEY (VOLUNTARY INFORMATION)

ARE YOU HISPANIC/LATINO? YES NO

REGARDLESS OF YOUR ANSWER TO THE PRIOR QUESTION, PLEASE SELECT ONE OR MORE OF THE FOLLOWING ETHNICITIES THAT BEST DESCRIBE YOU:

AMERICAN INDIAN OR ALASKAN NATIVE ASIAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER BLACK OR AFRICAN AMERICAN WHITE

REQUIRED SIGNATURES

BY SIGNING THIS APPLICATION I HAVE READ AND AGREE TO THE ACKNOWLEDGEMENT AND RELEASE AGREEMENT (SEE BELOW), UNDERSTAND THE REFUNDS AND WITHDRAWALS POLICY, AND AM AGREEING TO BE REGISTERED FOR THE ABOVE MENTIONED SEMESTER.

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF PARENT OR GUARDIAN IF PERSON REGISTERING _____ DATE _____
FOR COURSE IS YOUNGER THAN 18 YEARS OF AGE

Acknowledgement and Release Agreement I (we), by signing, acknowledge that many of the activities of the School of the Museum of Fine Arts, Boston (the "Museum School"), involve work with potentially dangerous materials and equipment, and I (we) acknowledge that the Museum School must and does rely upon each student or participant in its activities to assume responsibility for acting at all times to preserve his or her own safety and the safety of others. I (we) acknowledge and accept the responsibility of the student or participant to inquire and to satisfy himself or herself as to safe procedures, safe use of artistic materials, and the safety of school activities generally, and to inform one of the administrative deans in writing of any procedures, activities, instruction, or circumstances at the Museum School that the student or participant believes may pose a threat to safety. I (we) expressly acknowledge that the Museum School does not assume responsibility to supervise students or participants or to assure their safety. I (we) hereby release the Museum School, the Museum of Fine Arts, Boston (the "Museum"), and their officers, employees, representatives, agents, and members of their governing boards from and hereby agree to indemnify and hold them harmless from any liability for injury, damages, or loss arising from activities at or connected with the Museum School or the Museum, unless such injury, damage, or loss is solely caused by the negligence or intentional misconduct of the Museum and/or the Museum School or any of their officers, employees, representatives, or agents. I (we) further release and agree to indemnify and hold harmless all students and other individuals and entities associated with or acting on behalf of the Museum School or the Museum (as described above), for any injury, damages, or loss arising out of trips sponsored by the Museum School. This Acknowledgment and Release Agreement is intended to take effect as a sealed instrument and shall be governed by the laws of the Commonwealth of Massachusetts.