

King's Academy of Fine Arts
King's Grant Presbyterian Church
745 Little Neck Road
Virginia Beach, VA 23452 (757) 340-2840

Registration Form: _____ **Wed.** _____ **Thurs.** _____ **Either day**
Month and Year to start _____

Child's Name _____ (M/F) _____ Nickname _____

Birth date _____ Age _____

Address _____ Zip Code _____

Siblings and Ages _____

Home phone number _____

MOTHER _____ name **FATHER** _____ name

_____ cell _____ cell

_____ work _____ work

Email Address: _____

If parents cannot be reached, contact: _____

Relationship to child _____ Phone _____

Care-Giver's Name if applic. _____

Care-Giver's Phone Number _____

How did you hear about our program? _____

Allergies or Special Concerns _____

I agree to be responsible for all King's Academy of Fine Arts fees incurred by my child. I have read the tuition policies and agree to abide by them. I have received a copy of the PARENT HANDBOOK and agree to abide by these policies.

Signature of person responsible for tuition _____ Date _____

Registration Fee Paid (amount) _____ Date _____