



*Creative Expressions*  
**REGISTRATION FORM**

\*\*\*To be completed by student **or** parent/guardian if student(s) under 18\*\*\*

Please print the following information:

Date: \_\_\_\_\_

Student's Name(s):	Last	First	Middle		Date of Birth	Age
_____				M ___ F ___	_____	_____
_____				M ___ F ___	_____	_____
_____				M ___ F ___	_____	_____
_____				M ___ F ___	_____	_____
_____				M ___ F ___	_____	_____

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Best/Preferred Method of Contact: \_\_\_\_\_

**\*\*If student under 18:\*\***

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CLASSES DESIRED:**

<u>Student Name</u>	<u>Class</u>	<u>Day</u>	<u>Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

There is a \$10 non-refundable registration fee per student per class for each session (limit \$30 per family per session).

Please enclose total registration fee with the completed application form(s).

Make checks payable to **Salem Ministries**. ALL fees and tuitions are **NOT** tax-deductible.

Send completed form and applicable fees to: Church At The Heights  
500 Salem Lane  
Gibsonia, PA 15044

\*\*\*Parent/Guardian **OR** Student Signature: \_\_\_\_\_

How did you hear about Creative Expressions? \_\_\_\_\_

*All information is for administrative use only and will not be used without written consent.*