

## Please register on-line OR fill out the following and email or fax 866-880-2946 this form

Mail payment to: Building Character • 375 Cotton Field Way • Alpharetta 30022

Please make checks out to **Building Character.** Check Number \_\_\_\_\_

Student's Name:			
Grade	AgeMale/Fema	ıle	Primetime Student? YESNO
Allergies or Medical C	oncerns:		
Class Attending: Actin	g Class	Which School /Location?	
Process to Performance	class	Which School/Location?	
On-Camera Class or W	orkshop	Which Location	
Parent's Name:	Parent's Name: E-mail Address:		
Home #	Work#		Cell#
Carpool/Emergency Pickup information: list 2 contacts with relationship  Contact 1: (Name) (Polationship)			
(Name)	(Kel	ationsnip)	(Phone #)
(Name)	(Rela	ationship)	(Phone #)
*Students must be signed out by a parent or by persons listed on the emergency pickup section.			
no refunds will be given wit	thin one week before classes begin.	•	re classes begin. Due to staffing considerations purposes. Please contact us if you do not want
promptly after class may re	sult in late fee penalties. Building (	Character/Fulton County	. I understand that failure to pick up my child Schools Late Pick-Up Policy: 5 minutes: Free. the terms above and agree to abide them.
(Name)		(Date)	