



# Covenant School of the Arts

# School Registration

Please send completed registration form to:  
 Covenant School of the Arts  
 PO Box 524  
 Lakeland, FL 33802-0524  
 Fax: 863.226.0899

I am registering for:  Music  Dance  Visual Arts

<b>Name</b>	First	Middle	Last
<b>Address</b>	Street	City	Zip
<b>Contact</b>	Home	Cell	Fax
<b>Email</b>			
<b>Marital Status</b>	circle one: Single	Married	
	Widowed	Divorced	
	Name of Spouse, if married: _____		
<b>Children</b>	please list names and ages of children		
	1. Name: _____	Sex: _____	Age: _____
	2. Name: _____	Sex: _____	Age: _____
	3. Name: _____	Sex: _____	Age: _____
	4. Name: _____	Sex: _____	Age: _____
<b>Education</b>	High School _____	GPA: _____	Graduation Date: _____
	Technical School _____	GPA: _____	Certificates: _____
	College _____	GPA: _____	Degree: _____
	Graduate School _____	GPA: _____	Degree: _____
	GED Date _____	Other Info _____	
	Honors/Awards _____		

Personal Info

Sex

Birthday

Nationality

Race

Church

Current Home Church

Address: City/State/Zip

Denomination/Affiliation

Length of Time with Church

Positions Currently Held

Pastor's Name

Phone and Fax

How Did You Hear About CSA?

Pastor

Member

Please Describe \_\_\_\_\_

Internet

Church

Brochure

Facebook

Email

Other

Q/A

Please answer the following questions with as much detail as you like, attach additional paper if necessary.

What formal training do you currently have in your art discipline (music, dance or visual art)? Please list styles of music or dance, and types of visual art media.

What experience do you currently have in your art discipline (music, dance or visual art)? Please list styles of music or dance, and types of visual art media.

What are your creative goals or reasons for pursuing additional training with CSA?

**Classes**

Please select the class you are registering for.

Visual Arts  2nd and 4th Wednesdays  
6-8:30pm  
\$20/class

Music  Please contact me to discuss lesson times and rates.

Writing  Please contact me to discuss services for writers.

**Payment**

**TOTAL DUE:** \_\_\_\_\_

Cash

Check  Check number \_\_\_\_\_

Credit Card

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
3-Digit Code

\_\_\_\_\_  
Billing Address Street

\_\_\_\_\_  
Billing Address State, Zip

\_\_\_\_\_  
Signature

*Please Note: All activities of The Covenant Center may be recorded in the form of audio, video or photography for the purpose of publishing through multiple media as a function of the ministry.*