



TYLER PORTFOLIO BOOT CAMP 2011

REGISTRATION FORM

Name _____ Date _____

Address _____ Date of birth _____

City _____ State _____ Zip _____

Parent email _____ Student email _____

Cell/Day phone _____ Evening phone _____

Parent/Guardian _____ Daytime phone _____ High School _____ Teacher _____ Graduation year _____

How did you hear about Tyler? teacher newspaper ad friend web mail other _____

NOTE: Registration **cannot** be done online. Please print this form and return pages 1, 2, & 3 with payment to:

**ATTN: CONTINUING EDUCATION
TYLER SCHOOL OF ART**
Temple University
2001 N. 13TH Street
Philadelphia PA 19122

215.777.9010 fax 215.777.9191

PAYMENTS CAN BE MADE BY PHONE, MAIL, FAX OR IN PERSON!

WE OFFER PARTIAL SCHOLARSHIPS TO HIGH SCHOOL STUDENTS- PLEASE SEE YOUR ART TEACHER. Only one scholarship/discount can be applied. If you have been awarded a scholarship, please subtract the amount below.

| PAYMENT | ONE SESSION | TWO SESSIONS | THREE SESSIONS |
|--|--------------|---------------|----------------|
| TUITION | \$650 | \$1200 | \$1600 |
| REGISTRATION (NON-REFUNDABLE) | \$50 | \$50 | \$50 |
| MODEL FEE | \$50 | \$50 | \$50 |
| LESS SCHOLARSHIP (IF APPLICABLE) | | | |
| TOTAL DUE | | | |

PORTFOLIO BOOT CAMP
Please Circle

SESSION 1
JUNE 27 TO JULY 8,

SESSION 2
JULY 11 TO JULY 22,

SESSION 3
JULY 25 TO AUGUST 8

CHECKS: PAYABLE TO
"TEMPLE UNIVERSITY"

NAME ON CHECK _____

CHECK NUMBER _____ \$ _____ AMOUNT

CHARGE

ACCOUNT NUMBER _____

SECURITY CODE _____ EXPIRATION _____ \$ _____ AMOUNT

| | | | | | | |
|---|------------------|----------------|----------------|----------------|----------------|----------------|
| BALANCE MUST BE PAID IN FULL IN ORDER TO ATTEND! | | | | For office use | For office use | For office use |
| | TOTAL DUE | DEPOSIT | BALANCE | PAID IN FULL | REGISTERED | CONFIRMED |



MEDICAL INFORMATION

Name

We request the following Medical information to insure the safety of our students.
It will remain confidential.

Please list any known allergies to food, medications, insects, pollen etc.

Are any medical conditions present that we should be aware of?

Parents

Is your child currently under medical treatment or taking medication that we should be aware of?
Please explain:

Please provide an emergency contact.

Name

Phone Number

Relationship

HOUSING

Do you plan to make housing arrangements
with Julian Krinsky Camps & Programs?

Yes _____

No _____



PHOTO RELEASE

If you are an adult student, or a parent of a student under the age of 18, please include your signature.

I am aware that, periodically, photographs may be taken of the registered student and/or their artwork. I permit the staff of Tyler Continuing Education, Temple University to use, in whole or in part, photographs, videos, written extractions and voice recordings of the enrolled student for the purpose of promoting Tyler in publications, website and all other forms of media without further approval or compensation.

Those who do not wish for photos of the registered student or their artwork to be used must notify the Continuing Education staff in writing no later than the 1st day of class.

Student's Name _____

Signature _____ date _____
 (Parent signature if under the age of 18)



PLEASE KEEP THIS PAGE FOR YOUR RECORDS!

TO REGISTER

Please return pages 1, 2, & 3 of the attached registration form with your payment.
There is a one-time non-refundable \$50.00 registration fee.

PAYMENT

Payment can be made by mail, phone, fax or in person. The Tyler fax number is 215.777.9191.
Students must be paid in full in order to attend class.
You will receive an email confirmation approximately ONE WEEK before the Workshop begins.
Checks are to be made to “Temple Universtisy” and mailed to:

Attn: Continuing Education
TYLER SCHOOL OF ART
Temple University
2001 N. 13th Street
Philadelphia, PA 19122

TUITION REFUND POLICY

Tyler School of Art will issue a refund, less the \$50 registration fee, provided written withdrawal notice is mailed or faxed to the Director of Continuing Education.

This must be received the Monday prior to the first day of class.

Prior to the second class, a 50% refund, less the \$50 registration fee, will be issued following above procedure. *No refunds will be issued after the second class meeting.*

The Continuing Education fax number is 215.777.9191.

CANCELLATION OF A WORKSHOP CLASS

The Tyler School of Art reserves the right to cancel a class due to low enrollment.
Students will be given the option of enrolling in their alternate choice, or receiving a full refund.
Please allow 45 days for the refund process if paying by check, and 7 days if paying by credit card.

WEATHER EMERGENCY

In case of a severe weather emergency, please be sure your instructor has phone and email contact information. Your instructor will call/email you.

QUESTIONS?

Tyler Continuing Education & Non-Credit Programs
Terry Putscher, Director

Tyler.conted@temple.edu
215. 777. 9010