

Student Registration Information and Form – Please read carefully

- To register for a class/program, please complete the form below and send, with payment, to the attention of Passport Project at 12803 Buckeye Rd, Cleveland, OH 44120.
- You may call and register over the phone by calling **216-721-1055**. Payment for all classes and programs must be received at the time of registration.
- Parent/Adult Student agrees to permit Passport Project to use photographs and/or video for public relations and media use related to Passport Project only.
- Wheelchair accessible entrance. Non-wheelchair accessible bathrooms.
- **After the 1st meeting for the class/program full fees are non-refundable except for illness. Refunds due to illness require a letter from a medical provider.**
- Passport Project has the right to cancel classes/programs due to lack of enrollment and will reimburse those students who have paid for classes.
- Makeup classes/programs will only be scheduled if a teacher cancels or inclement weather.
- In the event of bad weather please contact Passport Project for information on cancellations. Passport Project will reschedule any cancelled classes/programs due to bad weather.
- Students will not be offered make up classes if the student cannot attend.
- **You will not be contacted for confirmation.** If a class/program is cancelled due to lack of enrollment, you will receive notice at least 3 days prior to class start date.

Please complete the following information.

Children Only

Student's Name(s) _____ SCHOOL/DISTRICT: _____ Age _____

Student's Name (s) _____ Age _____

Parent's Name _____ Additional Phone Number _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ Evening Phone Number _____

Email Address _____

Are there any medical conditions we need to know? _____

In case of an emergency contact name and phone # _____

Program	Day of the Week	Fee	# Enrolling	Amount Due
Total Amount Due				

How did you hear about Passport Project? _____

Do you wish to volunteer: **Yes No**

Check enclosed - make check payable to Passport Project, inc. (\$25.00 returned check fee) Check Number _____

Please complete the following Agreement Form

This Agreement is entered into between Passport Project, Inc. ("Passport Project") and the Adult Student(s) or Child Student(s) and their Parent/Guardian named in the above Class Registration Form. Parent/Adult Student desires to enroll Student(s) in the "Classes/Program(s)" named in the above "Class Registration Form". "Classes/Programs" to be conducted at Passport Project Global Community Arts Center unless otherwise listed. Parent/Adult Student agrees to pay the "Total Amount Due" for the Student's participation in the "Classes/Programs".

Passport Project and Parent/Adult Student agree to the following terms and conditions:

Parent shall provide the Student with transportation to and from the Classes/Programs; Student shall not cause any disciplinary problems; Passport Project shall determine the nature and content of the Programs in its sole discretion; Parent or Passport Project may terminate this Agreement at any time by providing written notice to the other party; Parent/Adult Student agrees to release and indemnify Passport Project, its officers, trustees, employees and agents from all claims, costs, liabilities, expenses and judgments, including attorney fees and court costs arising out of Student's participation in the Programs; Parent/Adult Student and Passport Project agree that this Agreement shall become binding on Passport Project when it is signed by Parent/Adult Student and returned together with payment of the Program Fee in a timely manner to Passport Project.

By registering for a class the student/parent or guardian understands the terms and conditions of this Agreement.

Signature _____ Date _____