

Registration Form

AC-07

CHILD'S NAME: _____

EMAIL: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____

CHILD'S AGE: _____ CHILD'S BIRTHDATE: _____

Have you ever taken classes at PCA? Yes No

Membership Status New Renewing Current Nonmember Exp. Date _____

Member's Name _____ Membership Fee _____

Camp Title	Camp Code	Start Date	Fee

Pre/post-camp fees are nonrefundable. Please check each day of the week and specify each date your child will be attending pre-camp or post-camp or both.

	Monday	Tuesday	Wednesday	Thursday	Friday	Fee
Pre-Camp (\$6/day 8-9am)						
Post-Camp (\$18/day 3-6pm)						

Please accept my contribution to the Scholarship Fund

TOTAL

PAYMENT TYPE

Visa AMEX MC Discover Cash Check/Money order

Account # _____ Exp Date _____

Signature _____

I have read the refund/transfer policy (please initial) _____

If you are a new student, how did you hear about PCA?

Noticed signs/buildings Newspaper ad/article

Recommendations from a friend/relative

Other (specify) _____

PCA MEMBERSHIP

Members receive a \$25 discount per class!
The annual membership fees are **\$60** for individuals, **\$90** for families. For more info, call us at **412-361-0873 x 302.**