REGISTRATION FORM

Pennsylvania College of Art & Design Continuing Education & Youth Classes | Register Early!

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Student Name:				
D. Chil	First	Middle Initial		
Date of Birth:		⊒ Female = F	Lmail:	
□ PCA&D BFA Student	□ US Citizen □ f	for Act 48 Profe	essional Personnel ID:	
				(required)
Parent/Guardian's name and	d signature (<i>if under</i> 18):			
Address:				
City:		Sta	ite:	Zip:
•				1
Phone (<i>Home</i>):	(Work):		(Cell): _	
Course Title:			Course Number:	Cost:
			(Total Pay	vment) \$:
How did you hear about Per	nnsylvania College of Art	& Design?		
☐ Advertisement ☐ Direct ☐ I have ☐ have not previous			k □ Twitter □ Interr	net 🗆 Other
If disabled will you need aid	l/assistance? ☐ Yes ☐ I	No		
FOR OFFICE USE ONI	Y: Processed	Amount	Confirmation	on mailed
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CREDIT CARD INFORM	IATION: MASTERC	CARD 🗆 VISA	A \square AMEX \square DISC	COVER
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CVV CODE (3 digit code on car	rd back) Cardhold	er's Name (please	print):	
Cardholder's address:				
Signature:				
Cardholder's email:				