The LYCEUM

1073 Sixth Street, Monterey 93940
(831) 372-6098 • FAX (831) 372-6065

REGISTRATION FORM
for All Lyceum Classes

Visit our web site: www. Lyceum.org

Legal Guardians' Name _____ Cell Phone _____

Address _____ Home Phone _____

City _____ ZIP _____ Work Phone _____

Email Address _____ FAX or Other Phone _____

Parent/Guardian Occupation(s) _____

REQUIRED EMERGENCY INFORMATION: Person to call if parent/guardian cannot be reached:

Name _____ Phone (Home) _____

I grant permission to take my child to Dr. _____ Phone _____ or to provide medical care if I cannot be reached. ***Parent/Guardian Signature*** _____

Student's Last Name	*First Name*	*School*	*Grade*	*Age*	*Lyceum Class Name*	*Class #*	*FEE*

How did you receive your Lyceum Schedule? ☐ *School* ☐ *Mail* ☐ *Flyer* ☐ *Other* _____ ***Donation*** _____

☐ ***PAY BY CHECK***. ☐ Please add my name to the catalog mailing list. ☐ Email me Lyceum News ☐ New Address. ***Total Enclosed*** _____

PLEASE BILL MY: ☐ **VISA** ☐ **MasterCard** ☐ **Discover** **Card Number** _____

Cardholder's Name _____ **Exp. Date** _____

Authorized Signature _____

PLEASE NOTE: ***REGISTRATION FEES ARE PER PERSON, REGARDLESS OF AGE, UNLESS OTHERWISE STATED. FAMILY PROGRAMS INCLUDED.*** Fees are not refunded unless the class is cancelled. We do NOT mail confirmation of enrollment due to budgetary constraints. *NEED MORE FORMS? WE'RE GLAD TO FAX THEM!* ***Registering your child authorizes the Lyceum to photograph them during class for use on Lyceum flyers, programs, website, and with local media.***