



MCAC Homeschool Art Program  
MAIL- IN REGISTRATION FORM  
Academic School Year 2020-2021

Name of Parent/Guardian: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Phone#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Participating Child(ren)'s Name/Age: \_\_\_\_\_

Participating Child(ren)'s Name/Age: \_\_\_\_\_

Participating Child(ren)'s Name/Age: \_\_\_\_\_

Participating Child(ren)'s Name/Age: \_\_\_\_\_

Participating Child(ren)'s Name/Age: \_\_\_\_\_

**COST PER CHILD:**

One Child = \$32.00

Two Children = \$50.00

Three or More Children = \$75

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPATING CHILD/CHILDREN LISTED BELOW, AND THAT I HAVE THE AUTHORITY TO REGISTER HIM/HER/THEM IN MCAC'S HOMESCHOOL ART PROGRAM.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Mail completed form, along with payment to: MCAC, P.O. Box 258, Marbury, MD 20658