



IFCC Class Registration Form

Please fill out and email to: info@ifcc-arts.org
or mail to: **Interstate Firehouse Cultural Center**
5340 N Interstate, Portland, OR 97217

phone 503.823.4322 extension 3
fax 503-823-2061

Name(s) _____

Birthday(s) _____

Address _____

Primary Phone _____ **Second Phone** _____

Email _____

Registering for:

Class name	Date	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you find IFCC classes?

- Website
- Newspaper. Which? _____
- Word of mouth
- Friend. Who? _____
- Mailing
- E-News

For Office Use:

TOTAL PAID _____ DATE _____ CASH or CHECK _____

Scholarship _____ Work study _____

Payment Plan Agreement

If the student is under 18 please see page 3.

IFCC Class Registration Form

Page 2

Scholarship Request

IFCC offers and sponsors performing arts and personal enrichment experiences to students age 2-102. We are committed to offering a wide range of creative experiences which support and encourage the creative force in our community. We strive to keep classes and workshops affordable, accessible, and of the highest quality. Towards this goal IFCC has limited funds available to assist children and adults in meeting the expenses associated with quality programming. Payment plans and work study programs are also easily arranged

Are you applying for a scholarship? _____

If so please use the space below to make your request. Please indicate how much you can contribute and briefly describe your circumstances. Limited scholarships are available with priority given but not limited to underserved children in the Jefferson school cluster. You may receive a 10%-50% scholarship.

IFCC Class Registration Form

Page 3

Parental Consent Form

Parents or Guardians _____

Best way to contact _____

Other than listed parents or guardians, who has permission to pick up student?

Medical Consent & Release of Liability

The undersigned student or parent or guardian of this student, a minor, do hereby authorize the directors and teachers of IFCC as agents for the undersigned to consent to medical treatment in an emergency. I hereby release and discharge IFCC from any and all claims for personal injuries. I hereby give permission to IFCC to use my or my child's photograph and to publish the same photograph without incurring any debts or liabilities to me of any kind. The photographs will be used for publicity, documentation and marketing collateral.

Signature: _____ Date: _____

Please return this signed form to the first class.