



PROGRAM APPLICATION

SEMESTER: (check one) **Fall** _____ **Winter** _____ **Spring** _____ **Summer** _____

TO REGISTER, clearly complete this form and send it in promptly. Applications are registered on a first-received basis. There are NO telephone or E-mail "reservations". Payment in check or money order is made payable to Sunrise Corporation.

ADULTS

Name	Course or Workshop Title	Day	Amount \$

ADDRESS: Street _____ Telephone _____
 City _____ State _____ Zip _____ Date _____

KIDS AND TEENS

The age range listed for each of the classes is carefully chosen to match children of approximate skill level. The ranges are tighter than at most other schools. The lower end of each age range is the minimum age. If your child is almost at that minimum age, it may be wise to wait a while to provide the most positive experirnce.

Student's Name	Age	Course Title	Dates	Amount \$

Parent / Guardian _____ Telephone _____

Person who will be picking up child, if other than above _____

Parent/Guardian's Street _____

City _____ State _____ Zip _____ Date _____

Multiple Class Discount: Starting each school year (October), and **after** you or a member of your immediate family has fully enrolled in **two** classes, you are entitled to a ten percent discount on the TUITION (only) of the third or more classes. The discount does **not** apply to any Materials or Model Fees. Classes do **not** accrue from the previous school year.

- Check made payable to Sunrise / ESAC
- VISA Account Number:
- MASTERCARD 3-digit security code on back of card:
- DISCOVER Expiration Date:

Name as on card _____ Signature _____

GRAND TOTAL ENCLOSED (payable to Sunrise / ESAC) \$ _____

Please mail or deliver to: Sunrise / ESAC, 26 Rochambeau Ave., Providence, RI 02906



GIFT CERTIFICATE

Give someone a unique opportunity to be creative. That would be a rare gift, indeed! A "Gift of Creativity Card", with personal message and matching envelope- from you to someone special- can do just that.

1. GIFT COURSE SELECTED BY YOU: Circle a specific class or workshop on the Application page (or indicate that you want the choice left up to the recipient). Fill in recipient's name, address and phone number on Application.

2. You will receive a card and envelope to send to the recipient telling them of your gift course.

3. GIFT COURSE TO BE LEFT UP TO THE RECIPIENT: Indicate this on the Application.

Fill in recipient's name, address and phone number on Application. A list of courses (without mention of Tuition and Materials) will be included with #2 above for their own selection. They will send in the information requested (such as on the Application), you will be notified of their selection and cost and, when we receive your payment, they will be registered. As always, when an adult course says "Materials not included" in the course listings, whatever supplies students are missing will be their responsibility.

4. Fill out this form:

Your Name (Gift Giver) _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Date _____ Amount Enclosed (from Application page) \$ _____

5. Mail the above form, attached to Application information, with credit card payment or check made payable to:

Sunrise / ESAC
26 Rochambeau Avenue
Providence, Rhode Island 02906