

# Art Center of Northern New Jersey REGISTRATION FORM

Please PRINT clearly...

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: DAY (      ) \_\_\_\_\_ EVENINGS (      ) \_\_\_\_\_

EMAIL \_\_\_\_\_

CLASS 1 \_\_\_\_\_

DAY:  Mon  Tue  Wed  Thu  Fri  Sat  Sun \_\_\_\_\_

TIME : Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

CLASS 2 \_\_\_\_\_

DAY:  Mon  Tue  Wed  Thu  Fri  Sat  Sun \_\_\_\_\_

TIME : Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

## **For Young Adults and Children:**

AGE \_\_\_\_\_

PARENT/GUARDIAN FULL NAME \_\_\_\_\_

EMERGENCY CONTACT PHONE (      ) \_\_\_\_\_

Total Cost for Course(s) \$ \_\_\_\_\_

Senior Citizens 10% Discount (FULL CLASS ONLY) \_\_\_\_\_

YEARLY MEMBERSHIP DUES (*due 1<sup>st</sup> September*) \_\_\_\_\_

Children: \$15 / Teens: \$20 / Seniors: \$25 / Adults: \$30 / Family: \$45 \_\_\_\_\_

Yes, I would like to help the Art Center! I'm enclosing a tax deductible

Contribution of: \$ \_\_\_\_\_

**TOTAL AMOUNT PAID \$** \_\_\_\_\_

For Office purposes only:

Check No / Cash : \_\_\_\_\_

Date of Payment : \_\_\_\_\_

***Without exception, all fees must be paid in full at the time of registration.***

*Please make checks payable to:*

**Art Center of Northern New Jersey**

**250 Center Street**

**New Milford, NJ 07646**

Questions? Call (201) 599-2992 or visit our website: [www.artcenter-nnj.org](http://www.artcenter-nnj.org)