

**REGISTRATION FORM**

SESSION:  I Fall  II Winter  III Spring  IV Summer

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: DAY (     ) \_\_\_\_\_ EVE (     ) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

COURSE 1: \_\_\_\_\_  
DAY: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_  
TIME: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

COURSE 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 1st 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 use 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)