

REgistration Form



For in-person, mail or fax You may also register and pay online once the schedule is posted

Please fill out a separate for	orm for each class. (You may put	more than one child's name o	on each form)
Enrolling For (check one):	Spring Summer Fall Winte	er 1st time registering	? Yes No
Family Info:			
Family Name:	Mother	Father	
Address:	City:	Zip:	
Telephone: Home:	Work:	Cell:	
E-Mail:			
<u>IMPORTANT:</u> Class confirmations notjustart.com" to your address b	and newsletters will be sent to you by ook so we don't go into your junk fold	y email by default. (Please der). Let us know if this po	add "create@ ses a problem.
How did you hear of us? (list all pl Class Info:	ease):		
Registered child(ren)'s name(s): _	gistered child(ren)'s name(s): DOB(s)		
Bringing an infant sibling to music	? (7 mo. or younger at start of session): Yes No Name/DOB: _	
1st choice: Location:	Class Name:	Day:	Time:
2nd choice: Location:	Class Name:	Day:	Time:
3rd choice: Location:	Class Name:	Day:	Time:
	y effort to accommodate you, but you to fulfill all of your indicated choices s schedules for fees):		
Amount Enclosed: Fo	orm of Payment: Cash Check Cred	it Card (<i>FULL pymt due u</i>	ıpon registration)
Credit Card #:	E	xp Security C	ode:
Check or Credit on No refunds after 1st	card info may be mailed; cash must b week of classes. (see website for mo	e dropped off to Oyster Ba ore detailed cancellation po	y. olicy)
Use reverse side for any ad	Iditional information (ie: special	health or educational info, pa	rt of a group, etc.)
PARENT OR GI	UARDIAN, PLEASE READ THE FOLLO	WING AND SIGN BELOW:	
Not Just Art, Inc., and will hold ha	or my child(ren) and myself and/or can armless Not Just Art, Inc. and any of it ge or loss, indemifying said parties of	ts employees and/or agents	s in the event of
Signature (Required for registration	on)	Date	
Art ★ Science	★ Music	516-92	2-8300

FAX: 516-922-9417