

CARNEGIE ART CENTER

CHILDREN'S ART EDUCATION ~ REGISTRATION ~ SPRING / FALL

Student _____ Age _____

Student _____ Age _____

Student _____ Age _____

Parent(s)/Guardian(s) _____

Address _____

City/State/Zip _____

Phone _____ Alternate Phone _____

Email _____

In the event of an emergency we will contact the parent(s)/guardian(s) first, but in case we cannot reach you, please provide another emergency contact person.

Emergency Contact Person _____

Relationship _____ Phone _____

Visual Arts Session I _____ Visual Arts Session II _____ Classical Ballet/Creative Movement _____

Class(es)/Time(s) _____

Workshop(s) _____

I am a current Family Member of the Carnegie Art Center: _____

I would like to renew my Family Membership _____

(Family Membership: \$35.00/yr. *If you have new information, please fill out & include separate Membership Form.*)

I would like to become a new Family Member _____

(Family Membership: \$35.00/yr. *Please fill out & include separate Membership Form.*)

Total Fee(s) _____

Payment is due in full on or before the first day of class or at the time of registration, whichever comes first. No refunds after classes start.

Please make checks payable to: Carnegie Art Center

Mail form with payment to: Carnegie Art Center, 240 Goundry Street, North Tonawanda, NY 14120