

**CARNEGIE ART CENTER**  
**CHILDREN'S ART EDUCATION ~ REGISTRATION ~ SUMMER**

**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 1** \_\_\_\_\_

**Visual Arts Session 3** \_\_\_\_\_

**Visual Arts Session 2** \_\_\_\_\_

**Visual Arts Session 4** \_\_\_\_\_

**Class(es)/Time(s)** \_\_\_\_\_

**Workshop(s)** \_\_\_\_\_

**I am a current 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