

2011 2012 WATCHUNG ARTS CENTER YOUTH WORKSHOPS REGISTRATION

STUDENT INFORMATION

First Name:	Last Name:	
Address:		
City:	State:	Zip:
Date of Birth:	Age:	Grade:

GUARDIAN INFORMATION

Please circle one: Mr. Mrs. Ms. Miss Dr. Prof. Other _____

First Name:	Last Name:	Relationship to student::
Address (If different from above):		
City:	State:	Zip:
Home Phone:	Mobile Phone:	Email Address:
How did you find out about us?		

EMERGENCY CONTACT INFORMATION

First Name:	Last Name:	Relationship to Student:
Address:	Can Your Child Be Released To This Person:	
Home Phone:	Mobile Phone:	

Class Information (Program Title, Date and Time, Session: Fall, Winter, Spring or Summer)

Family Membership = \$50 additional per year

Class Fee

1)	
2)	
3)	
4)	

Minus discounts: \$10 sibling discount and/or \$5 members discount.

(minus) -

TOTAL ENCLOSED

Check this box if your **child's photo or artwork** *may* be posted to our website, newspaper publicity, or flyers.

Check this box if your **child's first name** *may* be posted to our website, newspaper publicity, or flyers.

Check this box if WAC **may not use** your child's photo, first name, or artwork for website, newspaper publicity, or flyers.

Refund Policy: 3 or more weeks prior to start of classes, full refund less \$25 registration fee. Up to 2 weeks prior to start of classes, 50% refund. No refunds thereafter or due to inclement weather. The Watchung Arts Center reserves the right to cancel a class with low enrollment or to make changes in courses, instructors or scheduling. You will be contacted by the Instructor prior to class.

Payment by Check or Money Order Only (please make payable to Watchung Arts Center).

Mail Completed Registration Forms and Payment to: The Watchung Arts Center, 18 Stirling Road, **Watchung, NJ 07069**

For More Information call 908-753-0190 or email wacenter@optonline.net.

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