

REGISTRATION FORM - PLEASE PRINT
ADULT CLASSES

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE:DAY: ____/____/____ EVE: ____/____/____

EMAIL: _____

***Demographic information is needed for grants. No personal information will ever be shared.**

***GENDER:** _____ Choose not to disclose _____

***ETHNICITY:** _____ Choose not to disclose _____

***RACE:** _____ Choose not to disclose _____

CLASS REQUESTED: _____

**Membership: Adults Under 60 \$35, Adults Over 60: \$30
Teens: \$25, Children: \$20.**

Membership is due yearly in September or with first registered class.

COURSE TOTAL INCLUDING MEMBERSHIP\$ _____

Yes, I would like to make a donation to the Art Center. I am enclosing a tax deductible contribution of \$ _____

Please make checks payable to
Art Center of Northern New Jersey
250 Center Street, New Milford, NJ 07646

Questions? Call (201) 599-2992 info@artcenter-nnj.org

YOUNG ADULTS AND CHILDREN CLASSES

CHILD NAME: _____ **AGE:** _____

School and Grade: _____

***Demographic information is needed for grants. No personal information will ever be shared.**

GENDER: _____ **Choose not to disclose** _____

ETHNICITY: _____ **Choose not to disclose** _____

RACE: _____ **Choose not to disclose** _____

CLASS REQUESTED: _____

PARENT/GUARDIAN : Full Name _____

Emergency Contact PHONE: _____ / _____ / _____

COURSE TOTAL INCLUDING MEMBERSHIP\$ _____

Membership: Teens: \$25, Children: \$20.

Please make checks payable to:
Art Center of Northern New Jersey
250 Center Street, New Milford, NJ 07646

Questions? Call (201) 599-2992 info@artcenter-nnj.org