



Pelham Art Center

155 Fifth Avenue Pelham, NY 10803 tel: 914.738.2525 fax: 914.738.2686 www.pelhamartcenter.org

CLASS REGISTRATION FORM

Student _____ If student is a child, child's age _____

Parent/Guardian Name _____

Address _____

Home Phone () _____ Mobile Phone () _____

Email (please print clearly) _____

Emergency Contact (if different than Parent/Guardian): _____

Phone () _____

Are there any medical conditions, allergies, or special needs that we should be aware of? If yes, please describe:

TYPE OF MEMBERSHIP

___ Regular ___ Member ___ Senior ___ Senior Member

Course 1 _____

Course 2 _____

Class Fee _____

Class Fee _____

Day & Time _____

Day & Time _____

Course 3 _____

Course 4 _____

Class Fee _____

Class Fee _____

Day & Time _____

Day & Time _____

Class Fee/s Total: \$ _____

Material Fee/s \$ _____

Membership Fee \$ _____

Total Enclosed \$ _____

Please make checks payable to Pelham Art Center

Please charge my credit card: Type: _____

Card # _____ Expiration _____ Security Code _____

FOR OFFICE USE

Date Rec'd _____ In Book: _____

Online _____ Paid _____

Balance Owed: _____

Scholarship

Form: _____ Fee: _____

Paid: _____ Balance Owed _____