

COURSE: _____ TIME: _____ SEAT # _____ ENV # _____

GRADE/AGE _____ RM.# _____ CLASS FEE: _____ + MAT. FEE: _____ = TOTAL \$ _____

CASH _____ CHECK # _____ \$ _____ received by: _____ birth certificate shown _____

If your child is taking more than one class, would you like a volunteer to escort him/her between classes? YES _____ NO _____

Student's Name: _____ *Primary Phone* _____

_____ *Massapequa, NY 11758* *Age* _____

Address _____ *Massapequa Park, NY 11762* *Birthdate* _____

School _____ *Grade* _____ *Emergency Phone* _____

By enrolling a child in the program, the parent agrees and understands the following terms and conditions:

- ~ My child meets the age/grade requirements and other guidelines as established by the board and as stated in the brochure. NO EXCEPTIONS.
- ~ NO REFUNDS or CLASS CHANGES after the first day of classes.
- ~ No refunds if classes are cancelled for climate or other reasons and cannot be rescheduled.
- ~ A disruptive/non-participating child will be removed from the class/program.
- ~ PARENTS ARE RESPONSIBLE FOR NOTIFYING CULTURAL ARTS OF ANY FOOD ALLERGIES as foods which may cause allergic reactions in some children are incorporated into a variety of classes.
- ~ Photos taken during the program may be used for publicity purposes.
- ~ Parents are expected to pick-up their child promptly at the classroom. Any parent arriving late for pick-up may meet their child at the FRONT DESK. There is no supervision outside of registered class times.

PARENT'S SIGNATURE _____ **E-Mail** _____

REGISTRATION 2018

YOUNG PEOPLE'S CULTURAL ARTS WORKSHOP / 516-799-1301 / www.MassapequaCulturalArts.org

Program Dates: OCT. 13, 20, 27 NOV. 3, 10, 17 DEC. 1, 8, 15 JAN. 5, 12, 19 Family Visiting Day: JAN. 19, 2019