

Registration Form

Course Number	Course Title	Tuition	Model Fee	Materials Fee	Total
Please make checks payable to: Rockland Center for the Arts Send to: 27 South Greenbush Road West Nyack, NY 10994 Or fax to: 845-358-0971				*Membership Fee:	
				Registration Fee:	+ \$5.00
				Total Enclosed:	

*Membership - Membership is required for any classes over 4 sessions, at least at an individual level (\$25). For more than one family member, a family membership must be taken out (\$45).

Registration Information

Student Name:					
Address:					
City:		State:		Zip:	
Home Phone:		Cell / Work Phone:			
E-mail Address:					
Parent/Guardian Name:		Child Birth Date	Mon	Yr	

Credit Card Information:

Type:					
Credit Card #		Expiration	Mon	Yr	
Name as on Card:		CVC/CVV Code:			
Due to new credit card regulations and for your safety, we will require your 3 digit CVC code located on the back of your card to process all credit card registrations.			**Three digit code on back above signature		

Please sign: Permission is hereby granted for photographs to be taken of me or my child during school activities and the school has the right to use these photographs in school brochures and publicity

Signature	Date

For Office Use Only:	Date:	Type:	Balance:		Rec By:	