

# Essex Art Center Class Registration Form

## Billing/Mailing Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Email \_\_\_\_\_

### Contact Info Above Must Be Completed or Registration Will Not Be Accepted.

Please fill out class information on other side. You may download additional registration forms from our website or in EAC office.  
Mail or drop off completed registration form to Essex Art Center 56 Island Street Lawrence, MA 01840

**Signature** \_\_\_\_\_

*By completing this registration form, I agree to the terms and conditions of Program Policies.*

*Please put first and second choice. Registrar will inform you of which course you were registered for.*

**Student Name** \_\_\_\_\_ **D.O.B**<sub>(month/day/year)</sub> \_\_\_\_\_

**Course Name** First Choice: \_\_\_\_\_ **Tuition \$** \_\_\_\_\_

Second Choice: \_\_\_\_\_ **Tuition \$** \_\_\_\_\_

*Please share any information that may help us serve your child or contact office with info (e.g. hearing impaired/sensitive to noise/ADD/allergies/anxiety)*

**Student Name** \_\_\_\_\_ **D.O.B**<sub>(month/day/year)</sub> \_\_\_\_\_

**Course Name** First Choice: \_\_\_\_\_ **Tuition \$** \_\_\_\_\_

Second Choice: \_\_\_\_\_ **Tuition \$** \_\_\_\_\_

*Please share any information that may help us serve your child or contact office with info (e.g. hearing impaired/sensitive to noise/ADD/allergies/anxiety)*

**Student Name** \_\_\_\_\_ **D.O.B**<sub>(month/day/year)</sub> \_\_\_\_\_

**Course Name** First Choice: \_\_\_\_\_ **Tuition \$** \_\_\_\_\_

Second Choice: \_\_\_\_\_ **Tuition \$** \_\_\_\_\_

*Please share any information that may help us serve your child or contact office with info (e.g. hearing impaired/sensitive to noise/ADD/allergies/anxiety)*

Did you know? The class fee only covers part of the actual cost of the class. Accessibility is important to our mission, and we work hard to subsidize with foundation funds and fundraisers to keep the price to you low. Any donation is very welcome.

**Thank you for your support!**

## CREDIT CARD INFO

We accept: Visa, Master Card, Discover

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

TOTAL TUITION COST \$ \_\_\_\_\_

DISCOUNT (EBT/senior) \$ \_\_\_\_\_

Tax-deductible CONTRIBUTION to the Essex Art Center \$ \_\_\_\_\_

ADJUSTED TOTAL COST \$ \_\_\_\_\_

(paid by check# \_\_\_\_\_ (or cash) Total Payment \$ \_\_\_\_\_

Total Still Due \$ \_\_\_\_\_