

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 _____ **Age (if under 18)** _____

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)

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

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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!

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 \$ _____