



265 E. Main Street / Somerville, NJ 08876 / (908) 725-4490

## **Registration Form**

Name – Student \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Name – Parent \_\_\_\_\_

Student Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

***Please enroll (me) (my child) in the following:***

Course \_\_\_\_\_ Day/Time \_\_\_\_\_

Course \_\_\_\_\_ Day/Time \_\_\_\_\_

Course \_\_\_\_\_ Day/Time \_\_\_\_\_

Indicate alternate course(s) if first choice is closed.

*Please make checks payable to: ART-4-ALL.*

Mail to:        Art 4 All  
                  265 E. Main Street  
                  Somerville, NJ 08876