



Child's Name _____

Date of Birth ___/___/___

Please complete a separate registration form for each child enrolled.

Week #	AM/ PM/ Full	Class title	Class fee	Before Care fee	After Care fee	Total
		Subtotal				\$
		Registration fee (non-refundable)				\$25.00
		Grand Total				\$

Child's Home Address:
Street _____ City _____ State _____ Zip _____

Child's Home Phone _____

Parent's Full Name _____ Signature: _____

Address if different from above _____

Home # _____ Cell # _____ Work # _____

Parent's E-Mail _____

Parent's Full Name _____ Signature: _____

Address if different from above _____

Home # _____ Cell # _____ Work # _____

Parent's E-Mail _____

Referred by/How did you hear of this program? _____

**Please complete and mail this registration form
with check or money order to:**

**Art First, Inc.
728 Yorklyn Road, Hockessin, DE 19707**

**Payment in full is required to guarantee
a spot in class.**

**For more information please call (302) 239-3544
or week-days/week-ends (610) 220-9550
or visit our web site: www.artfirstinc.com**