



THE PRINTMAKING COUNCIL OF NJ

REGISTRATION FORM

STUDENT'S NAME _____ Age _____ Grade _____

Parents/Guardians Full Name's: _____

Phone: (h) _____ (c) _____, (w) _____

Address _____

City _____ State ____ Zip _____, Email _____

Required information: alternate contacts: (who could assume care of child if necessary)

Name _____ Telephone No. _____

Name _____ Telephone No. _____

All children must be signed out of the Printmaking Council at the end of class. Please inform the instructor prior to pick-up if an alternate person will be picking up your child that day.

We welcome children of all abilities. Making us aware of any special needs or considerations is greatly appreciated and helps us ensure a successful afterschool experience. Please list any known allergies/other conditions needing special consideration:

Physician's Name _____ Tel. No _____

Dentist's Name _____ Tel. No _____

In case of an accident or serious illness, I request that I/we be contacted. I hereby give permission for emergency medical treatment, which will include, but not be limited to, initial diagnostic x-rays and other such procedures as the physician may deem necessary for the preservation of health. I agree to assume all costs related to such treatment. As part of a class activity, students may leave the Printmaking Council building for supervised walking trips. I hereby give my child permission to leave the Printmaking Council for supervised walks.

Date _____ Signature Parent/Guardian _____



THE PRINTMAKING COUNCIL OF NJ

SPRING CLASSES

Printmaking Sampler for 6 – 8 year olds

4 Thursdays: May 6, 13, 20 and 27, 4:00 – 5:00pm, Fee: \$40.00

Child's Name(s): _____

Fees Enclosed: _____

Printmaking Sampler for 9 – 12 year olds

4 Thursdays: May 6, 13, 20 and 27, 5:15 – 6:15pm, Fee: \$40.00

Child's Name(s): _____

Fees Enclosed: _____

Programs are held in the Printmaking Council's gallery, studios, and on its grounds unless otherwise noted. Advance registration is required. Class sizes are limited. Registration is accepted by mail, e-mail or in person. Phone registration is available with a valid credit card. Enrollment will not be guaranteed until the application is complete and full payment is received.

Withdrawal and Refund Policy: Withdrawal two weeks or more in advance of class will receive a full refund minus a 10% processing fee. Cancellations less than two weeks before start of class will receive refund of 50% of tuition costs. No refund after class begins. If PCNJ cancels a class, full refunds will be given. A \$35 fee will be charged for rejected credit cards and checks.

Please check here if you or your children do not wish to be photographed for press and publicity.

Please bring a smock or wear clothes that can get messy.

Membership Dues are a vital source of revenue for the Printmaking Council, making possible year-round exhibitions and education programs for the community.

Please select payment type:

Check is enclosed. Please make check payable to: **The Printmaking Council of NJ**

Credit card: MC , VISA

Name _____ Phone _____

Address _____

City/State/Zip _____

Credit Card # _____ / _____ / _____ / _____

Exp. Date _____ / _____ 3-Digit Verification Code (CVVC/CVV2) _____

Cardholder's Signature _____