



23-35 Broadway Astoria, NY 11106
a r t h o u s e a s t o r i a . o r g

REGISTRATION FORM

Semester/Year of Registration: _____ Date: ____ / ____ / ____

PARENT/GUARDIAN INFORMATION (IF UNDER 18) PLEASE PRINT CLEARLY

PARENT/GUARDIAN 1 PARENT/GUARDIAN 2

ADDRESS (A)

ADDRESS (B) (FOR P.O. BOX)

CITY STATE ZIP CODE HOME PHONE (A) HOME PHONE (B)

PARENT/GUARDIAN 1 E-MAIL ADDRESS (1) PARENT/GUARDIAN 2 E-MAIL ADDRESS (2)

PARENT/GUARDIAN CELL PHONE (1) PARENT/GUARDIAN CELL PHONE (2)

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

FIRST NAME MI LAST NAME

GENDER (M/F) AGE

BILL PAYER'S INFORMATION (IF DIFFERENT FROM PARENT/GUARDIAN)

BILL PAYER'S NAME (FIRST, LAST) RELATIONSHIP TO STUDENT

BILL PAYER'S HOME ADDRESS (A)

ADDRESS (B) (FOR P.O. BOX)

CITY, STATE, ZIP

CELL PHONE

E-MAIL ADDRESS