

Art First, Inc.

Registration Form



Child's Name _____

Date of Birth ___/___/___

Please complete a separate registration form for each child enrolled.

Week #	AM/ PM	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 _____

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

**For more information please call (302) 239-3544
or week-days/week-ends (610) 844-8992
or visit our web site: www.artfirstinc.com**

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