

**REGISTRATION FORM** (please print clearly)



SEMESTER(S) select     Fall     Spring     Both    20\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (emergency): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Course: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

Course: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

Course: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

Plus one time registration/supply fee of \$25

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

Mail completed form with check/money order made payable to:  
**North Shore Art Academy • 1 Washington Ave, Glen Head, NY 11545**