

# REGISTRATION: FALL 2010

Student's Name \_\_\_\_\_ Age (if child) \_\_\_\_\_

Parent's Name (if applicable) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name/# if student is a child: \_\_\_\_\_

Are there any medical conditions (such as a food allergy) for you or your child that we should be aware of? If yes, please attach a separate note.

Are you a Member: \_\_\_\_ Yes \_\_\_\_ No If yes, type of Membership: \_\_\_\_\_

Class Selected: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Class Selected: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Class Selected: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Class Selected: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Please check: I give permission for myself or my child to be photographed for use in Markeim materials. \_\_\_\_ Yes \_\_\_\_ No

Tuition Total: \$ \_\_\_\_\_

Membership: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

**Basic Palette Memberships include:**

Family: \$50

Individual: \$35

Children, Students and Seniors (62+): \$25

PALETTE MEMBERSHIP PLUS: \$100

Paid by: \_\_\_\_ Cash \_\_\_\_ Check (made payable to Markeim) \_\_\_\_ Credit Card (Visa, MC, Discover)

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Return completed form and payment to Markeim at the address below.

Materials fees are paid directly to the instructor.

Classes that do not meet minimum registration of 5 students may be canceled.

We do not offer tuition refunds after completion of first class. Partial credit may be given in a class gift certificate.

Lincoln & Walnut ~ Haddonfield, NJ 08033~ 856.429.8585

[www.markeimartscenter.org](http://www.markeimartscenter.org) ~ [markeim@verizon.net](mailto:markeim@verizon.net)

