



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, Ph. D., Headmaster

Afternoons at Garden Registration Form

Please complete this form with your choices for your child. Return completed form(s) and payment (cash or check payable to Garden School) to the main office or by mail. Credit card payments can be processed in person or by phone.

Student(s) Information:

Name: _____ Grade: _____

Name: _____ Grade: _____

Address: _____

City/State/Zip _____ Phone #: _____

E-mail of Parent/Guardian: _____ Emergency contact/phone: _____

Parent/Guardian's signature: _____

Selections...

I wish to enroll my child(ren) in the **AFTERSCHOOL PROGRAM** for the hours of _____ at the yearly/per-family rate of \$ _____. My first payment of \$ _____ is enclosed.

I wish to enroll my child in the **AFTERSCHOOL PROGRAM** on an hourly basis:

Days: _____ Hours: _____ FEE: _____

Foundations & Music Conservatory

Foundations Courses: \$250 for the first course and \$200 for each additional course.

Enrolled full-time in After-School, \$220 for the first course and \$180 for each additional course.

I wish to enroll my child in the following **FOUNDATIONS** courses:

COURSE: _____ DAY/TIME: _____ FEE: _____

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COURSE: _____ DAY/TIME: _____ FEE: _____

COURSE: _____ DAY/TIME: _____ FEE: _____

I wish to enroll my child in the **GARDEN SCHOOL MUSIC CONSERVATORY**

Instrument: _____ Preferred day: _____ FEE: _____

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DO NOT COMPLETE BELOW THIS LINE. FOR OFFICE USE ONLY.

Total Payment Enclosed \$ _____ cash/check/credit card (circle one) Rec. Init: _____



Notes

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