

AFTERNOONS AT GARDEN SCHOOL 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: 718-335-6363.

Student Information

Name(s)/Grade(s): _____

Name(s)/Grade(s): _____

Address: _____

City/State/Zip _____

Phone #: _____ E-mail of guardian: _____

Emergency contact/phone: _____

Parent/Guardian's signature: _____

Selections

I wish to enroll my child(ren) in the **AFTER-SCHOOL 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 **AFTER-SCHOOL PROGRAM** on an hourly basis:

Days: _____ Hours: _____ FEE: _____

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

COURSE: _____

DAY/TIME: _____ FEE: _____

COURSE: _____

DAY/TIME: _____ FEE: _____

COURSE: _____
DAY/TIME: _____ FEE: _____ (less 10%)

COURSE: _____
DAY/TIME: _____ FEE: _____ (less 10%)

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

Instrument: _____

Preferred day: _____ FEE: _____

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

Total Payment Enclosed \$ _____ cash/check/credit card (circle one)

Notes:

Rec. Init:

GARDEN SCHOOL • 33-16 79TH STREET • JACKSON HEIGHTS, NY 11372