

REGISTRATION 2018-2019



Please complete all information on this form and return it to Lisa Rao at the address provided at the end of this form. You may take a photo of the completed form with your mobile device and email it to lisa.rao@concordia-ny.edu

Student Name _____ (OFFICE USE ONLY)

School Presently Attending _____ Date of Birth _____

Home Address _____ City/State/Zip _____

Billing Address (if different from home address) _____

Home Phone _____ Student Cell Phone _____ Work Phone _____

Email (required) _____

Parent/Guardian 1 _____ Cell Phone _____ Work Phone _____ Employer _____

Parent/Guardian 2 _____ Cell Phone _____ Work Phone _____ Employer _____

Emergency Contact _____ Relationship _____ Phone _____

Please describe any medical conditions or special needs of which we should be aware. _____

Group Instruction

Class Title	Date/Time 1st Choice	Tuition
1.
2.

Private Instruction

Class Title	Date/Time 1st Choice	Tuition
1.
2.

Payment

Check enclosed made payable to *Concordia College*

Bill my credit card for registration fee

Bill my credit card for tuition fee

Credit Card:

MasterCard Visa AMEX

Card #: _____ Exp. Date: ____ / ____

Signature: _____

Tuition Total \$ _____

Annual Registration Fee \$ _____
(non-refundable)

Adjustment (FOR OFFICE USE) \$ _____

Total \$ _____

OSILAS ART STUDIO AT CONCORDIA COLLEGE NEW YORK

171 White Plains Road, Bronxville NY 10708 | phone: 914.337.9300 x2433 | fax: 914.395.4500