



Please complete all information on this form and submit tuition and non-refundable per semester registration fee with the form via:
EMAIL: Lisa.Rao@concordia-ny.edu **OR MAIL:** OSilas Art Studio, 171 White Plains Road, Bronxville, NY 10708, attn: Lisa Rao

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	Day & Time (1st Choice)	Tuition
		\$
		\$

Private Instruction

Class Title	Day & Time (1st Choice)	Tuition
		\$
		\$

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: _____

Registration Fee: \$20 per student / non-refundable

Tuition Total \$ _____

Registration Fee \$ **20** _____

Adjustment (FOR OFFICE USE) \$ _____

Total \$ _____

For Office Use
A ___ F ___ S ___