



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 _____ Student Email _____

Parent 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: ____ / ____

Name on card: _____

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

Tuition Total \$ _____

Registration Fee \$ **20** _____

Adjustment (FOR OFFICE USE) \$ _____

Total \$ _____

For Office Use
A__F__S__