

ALL REGISTRATIONS MUST BE POSTMARKED

REGISTRATION FORM

All contact fields are mandatory.

Family Name: _____

Address: _____ RH OW EW M A

Phone Numbers: Home _____ Cell _____

Email: _____

Child #1 Name: _____ Age: _____

Allergies: _____

	9:00-9:55	10:00-10:55	11:00-11:55	12:00-12:55
1st choice				
2nd choice				

Child #2 Name: _____ Age: _____

Allergies: _____

	9:00-9:55	10:00-10:55	11:00-11:55	12:00-12:55
1st choice				
2nd choice				

Child #3 Name: _____ Age: _____

Allergies: _____

	9:00-9:55	10:00-10:55	11:00-11:55	12:00-12:55
1st choice				
2nd choice				

Number of Classes: _____ X \$140 = \$ _____

Registration Fee: \$15.00/Family

Total Class Tuition: \$ _____

Total Amount Enclosed: \$ _____

For Registrars Only

Check Number: _____ Date Received: _____

Make Checks Payable to: EAST WILLISTON CREATIVE ARTS WORKSHOP
P.O. Box 29
Williston Park, NY 11596

IMPORTANT: SIGNATURE REQUIRED ON BACK

EMERGENCY RELEASE FORM

In case of accident or serious illness, I request the EWCAW to contact me or the emergency alternate named below. If I (we) cannot be reached, I authorize EWCAW to make any necessary arrangements for the safety of my child.

In consideration of your accepting my application, the undersigned accepts complete responsibility for participating in this program, including any injuries or accidents that might occur as a result, and agrees not to assert any claim against the EWCAW, or any other person or party for same; and further releases and waives any rights or claims for heirs, executors and administrators of the undersigned which they might otherwise have against the EWCAW, as well as any other person or party connected with this program, their administrators, successors or assigns. The undersigned parent or legal guardian agrees to release and hold harmless above EWCAW person or party of any claims and/or rights which may be asserted on behalf of the participant.

If you do not wish to have your child's photograph on the cover of our booklet OR on our website, please send a written notice to Denise Deodato c/o EWCAW, POB 29, Williston Park, NY 11596 immediately.

Child(s) Names: _____

Home: _____ Cell: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____

Emergency Tel. Number(s): _____

***EWCAW is run by volunteer parents from our district who donate their time and energy to ensure our children have a fun and high quality experience. We would love to have you volunteer with us. If you are interested please provide your name and email and we will contact you.**

Email: _____