

Registration Form

Online: mediaartslab.org • Mail: Registrar, Media Arts Lab, 405 Manville Rd., Pleasantville, NY 10570
 Fax: 914.773.0762 • Call: 914.773.7663, ext. 8

For each participant, please submit full payment, Registration Form, and a copy of his/her current immunization record. Enrollment is not complete until you have filled out this form in its entirety and received email confirmation.

Participant _____ Date of Birth _____

Parents/Guardians _____

Address _____ City/State/Zip Code _____

Phone (day) _____ (evening) _____ (cell) _____

Contact email _____ JBFC membership level (if applicable) _____

Program	Program ID#	* Reg. Fee	Price
		\$10	
		\$10	
Sibling Discount: subtract 10% from the lower fee. List sibling(s) _____			
JBFC Membership Fee (see burnsfilmcenter.org/membership for details)			
Early Drop-Off add \$75 per week			
Late Pickup add \$75 per week			
TOTAL			

**Registration fee waived for JBFC members (student must be member of record or in household at Family level or higher)*

YES, I have read and agree to all the policies stated on the JBFC website _____
 Parent/Guardian Signature _____ Date _____

Check enclosed (payable to JACOB BURNS FILM CENTER, INC.) A \$25 fee will be charged for returned checks.

MasterCard Visa American Express Card Number _____ Exp. _____

Cardholder Name _____ Cardholder Signature (required) _____

Billing Address (if different from above) _____

City/State/Zip Code _____

For Students Under 18 Years

Emergency Contact _____ Relationship _____

Phone (day) _____ (evening) _____ (cell) _____

Insurance Company _____ Policy Number _____

Participant's Doctor _____ Phone _____

Please list any accommodations your child may require to be able to participate fully in this course, as well as any concerns we should be aware of (food allergies, medications taken, etc.).

Initial here _____ if the participant is permitted to go home independently.

Only the following people in addition to the above-listed parents/guardians are authorized to pick up the participant.

Name/Phone _____ Name/Phone _____