

# Summer 2010 Registration Form

Mail: Registrar, MEDIA ARTS LAB, 405 Manville Rd., Pleasantville, NY 10570  
 Fax: 914.773.0762 • Call: 914.773.7663, ext. 8

Submit full payment with Registration Form (one per student) and a current copy of student's 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	
NEW! Sibling Discount: subtract 10% from the lower fee. List siblings _____			
JBFC Membership Fee (see page 11 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) and for programs \$50 and under*

YES, I have read and agree to all the policies stated in this brochure \_\_\_\_\_  
 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 \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Participant's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

List any physical/emotional health concerns we should be aware of (including drug/food allergies and medications taken) \_\_\_\_\_  
 \_\_\_\_\_

Initial here \_\_\_\_\_ if the participant is permitted to depart the Media Arts Lab independently.

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

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_