

Adult Registration

uss/ Activity:		Today's Date:	Start Date:
Name	e:		
Age:	(opt)		
Street	Address:		
Town		State:	Zip:
Home	e/Cell Number:		
Other	Number:		
E-Mai	il:		
		with any questions. 860-3 @villagecenterarts.com	54-4318
	Mo	uke Checks Payable to VCA	
	٨	12 Main Street New Milford, CT 06776	
SIGNED:			DATE:

CANCELLATION POLICY

- If the student is sick, and you inform us <u>prior</u> to the class time, the student may extend their session by one week.
- If you do not inform us of an impending absence, the day will be counted as part of the 6-week session with no make-up class offered.
- In case of inclement weather please call ahead

I, the undersigned, authorize Village Center for the Arts to record on video tape, photography, voice recording, or interview through print or other media, my child's first name, voice, image, artwork, and or performance for informational programs, reports, and promotional materials to be used for non-commercial purposes. I understand that neither my child nor I will receive compensation for this appearance and no private individual will receive compensation of any kind as a result of broadcasting this material.

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