



41 Foster Street
Arlington, MA 02474
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fax: 781-643-7539
www.acarts.org

registration form

winter spring summer fall
date _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

student information

_____ \$ _____
name grade & birth date class or camp fee

_____ \$ _____
name grade & birth date class or camp fee

_____ \$ _____
name grade & birth date class or camp fee

membership (memberships valid for one calendar year—\$50/family, \$35/adult, \$25/senior)

- I am an ACA member – expiration date: _____ nonmember (nonmember rate applies)
 Renew/New Renew if expired

membership fee: \$ _____

total: \$ _____

payer information

name: _____

address: _____ city: _____ state: _____ zip: _____

best phone # to reach you: _____ alternate phone: _____

e-mail: _____

special information

To provide the best possible experience for all our students, please let us know if there are any allergies or health conditions and/or any learning or behavioral challenges we should be aware of.

- None Yes – please provide details:

payment information

† Check (payable to Arlington Center for the Arts) † Cash

† Credit Card: † Visa † MasterCard ** note: international cards cannot be accepted

Card Number: _____ Expiration Date: _____

Signature: _____ 3-digit code: _____

Address: _____ city: _____ state: _____ zip: _____
if different than payer address