



265 E. Main Street / Somerville, NJ 08876 / (908) 725-4490

Registration Form

Name – Student _____

Home Telephone _____

Business Telephone _____

Name – Parent _____

Student Age _____

Address _____

Please enroll (me) (my child) in the following:

Course _____ Day/Time _____

Course _____ Day/Time _____

Course _____ Day/Time _____

Indicate alternate course(s) if first choice is closed.

Please make checks payable to: ART-4-ALL.

Mail to: Art 4 All
 265 E. Main Street
 Somerville, NJ 08876