

## New Paltz Classical Art Academy Registration

Name\_\_\_\_\_

Parents' Names (if student is under 18)\_\_\_\_\_

Mailing Address\_\_\_\_\_

City State Zip-\_\_\_\_\_

Home Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

Emergency Contact \_\_\_\_\_

E-mail (your email address will not be shared)\_\_\_\_\_

Class \_\_\_\_\_

Dates/Month you are registering for\_\_\_\_\_

Who else name/relation may pick up your child?

Please call ahead to let us know you will not be picking up your child

Does child have special needs/allergies? (if yes, explain)

Age and Grade of student:

Please make checks payable to New Paltz Classical Art Academy

npcaa  
37 Millrock rd  
New paltz  
845-430-0904

