

Adult Registration

lass/ Activity:		Today's Date: _	Start Date
	Name:		
	Age : (op†)		
	Street Address:		
	Town:	State:	_ Zip:
	Home/Cell Number:		
	Other Number:		
	E-Mail:		
	Please call with any ques	stions. 860-354-4318. Re	eturn form to VCA.
	Email:vca@villagecentera	rts.com Web: www.vi	llagecenterarts.org
	<u>Make</u>	e Checks Payable to	
		VCA	
	Ne	12 Main Street w Milford, CT 06776	
SIGN		·	DATE:

CANCELLATION POLICY

- If the student is sick, and you inform us prior to the class time, the student may extend their session by one week.
- If you <u>do not</u> 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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