

Registration Form



Schuylkill County Council for the Arts 1440 Mahantongo Street, Pottsville

Child's Name: _____

Date of Birth: _____

Parent's Names: _____

Address: _____

Home Phone: _____

Cell Phone/s: _____

Program Selection

Please indicate your selection of one of the programs listed to the right.

PROGRAM A

PROGRAM B

A 2 DAYS A WEEK (Tues/Thurs)
9:00am - 12:00pm
3 years old by Oct. 1st \$128/mo.

B 3 DAYS A WEEK (Mon/Wed/Fri)
9:00am - 2:00pm
4 years old by Oct. 1st \$256/mo.

A \$50 non-refundable registration fee must accompany your registration form, which includes a 1 year membership to the SCCA. All checks can be made payable to the SCCA.

Payments are due the 1st of each month. 9 month tuition period, Sept 1st - May 1st.

Parent Signature: _____ Date: _____