

Schuyler Hill Performing Arts & Cultural Center Inc.
Attn: NAC Accounting
1524 Hollywood Avenue
Bronx, NY 10461
1-718-794-2473

Summer Registration Form

Section A

Childs name _____ M / F
(Last Name) (First Name) (Circle one)

Address _____
(House Number) (Street) (Apt / Floor)

_____ (City) (State) (Zip)

Home Phone _____ Childs Date of Birth _____

Mother / Guardian name _____

Mother / Guardian work # (____) _____ Cell # (____) _____

Email _____

Father / Guardian name _____

Father / Guardian work # (____) _____ Cell # (____) _____

Email _____

Give the name & phone numbers of two people SHPA may contact in case of an emergency

1. _____ **2.** _____

This page is for your use. Do not return it with the application

1. Schuyler Hill Summer Program requires an application for each child.
2. Enclose a recent medical form completed by the Childs physician.
3. Enclose a clear, small **RECENT photo** of your child.
4. Consult the chart below to find your tuition fees.
5. Enclose four payments to equal the total. Your lay a way payments should be made payable to :
Schuyler Hill
And foreword to:
NAC Accounting (The centers Fiscal Manager)
DO NOT MAKE CHECKS OUT TO NAC ACCOUNTING
6. Write the child's name on the front of the check or money order.
7. Send your completed documents to :

SHPA
c/o NAC Accounting
1524 Hollywood Avenue
Bronx, NY 10461