NCMA
NASSAU COUNTY MUSEUM OF ART
ONE *M*USEU*M* DRIVE
ROSLYN *H*ARBOR NY 11576 (516) 484-9337

NASSAU COUNTY MUSEUM OF ART
ART SCHOOL REGISTRATION FORM

REGISTRATION OPENS 3 WEEKS BEFORE FIRST SCHEDULED CLASS DATE
AND CLOSES 2 WEEKS AFTER CLASSES BEGIN

Enrollment Limits – Registration is based on a first come/first served basis. Student Limits are as follows: Adult classes 20-24; Young Artist Program (**YAP**) classes 13; Portfolio Preparation classes 10.

Transfers – Requests to transfer to another course or section are subject to a $20 processing fee and must be made prior to the second class date.

Student Absences – Please check your calendar for all class dates before registering. Students who are absent will **not** receive a refund or art school credit but should contact the instructor to discuss make-up options.

Processing fees – A $25 processing fee will be charged to cover the cost of any returned checks or declined credit or debit cards

Cancelled Courses – NCMA reserves the right to cancel any class due to insufficient registration! In this case a full refund will be given to all students in the cancelled class

Cancelled Registration – Any students who choose to cancel a class registration prior to the first meeting will be subject to a $20 handling fee. No refund will be issued after the first class for any reason!

In the event of inclement weather or instructor absence, classes will be cancelled. They will be rescheduled during Intercession.

NCMA Members are eligible for a $15 discount per course. Contact the Membership Office to check your membership status or to join.

☐ **I HAVE REVIEWED THE REGISTRATION POLICY ABOVE AND AGREE TO ITS TERMS AND CONDITIONS**

Registering for 20____: WINTER SPRING SUMMER FALL

(ALL INFORMATION REQUIRED – PLEASE PRINT)

Student's Name _____

Daytime Phone # _____ **Email Address** _____

Street Address _____

_____

☐ Adult ☐ Under 18: Age _____, Guardian(s) _____

☐ New Student (first class at NCMA) ☐ Returning Student
☐ Member ☐ Non-Member

*****model/materials fees are separate and must be paid directly to instructor**

Course #/Name _____ **Fee** _____

Course #/Name _____ **Fee** _____

Course #/Name _____ **Fee** _____

Payment: ☐ Check **(enclosed)**
☐ Amex ☐ Visa ☐ Mastercard

(Last 3 digits on back of card)

Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **CVV#** ☐☐☐

Name As It Appears On Card _____ **Expiration Date** _____