

# REGISTRATION FOR YOUTH PROGRAMS

Please enroll my son/daughter: \_\_\_\_\_

He/She will attend class on (Day) \_\_\_\_\_ at (Time) \_\_\_\_\_

He/She is in the \_\_\_\_\_ grade and is \_\_\_\_\_ years old.

My child is allergic to \_\_\_\_\_.

An important piece of information you should know about my child

is (Perhaps your child has a learning disability or a limitation of some sort. We ask simply to be able to provide the most effective and most positive experience your child can have) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

All monies must be received two weeks prior to the beginning of any class unless other arrangements have been made. A \$50.00 deposit secures a space in class for your child.

Make checks payable to: The Etiquette School of New York

Mail to:

21 South Greenfield Road  
Greenfield Center, New York 12833-1020