New Jersey Chinese Community Center

School of Performing Art Student Registration

Student Last Name	First Name	DOB	Gender	Chinese Name if available
Student Last Name	First Name	DOB	Gender	Chinese Name if available
Student Last Name	First Name	DOB	Gender	Chinese Name if available

Parent's Name if student is minor
Mailing Address
Email Address

Primary Phone#	Secondary Phone#1	Secondary Phone# 2

Class taken	Frequency	Start date
Orchestra		
Class taken	Frequency	Start date
Class taken	Frequency	Start date

I, the undersigned whose name shown above hereby agree to abide by the rules and regulations of the NJ Chinese Community Center. I understand that no refund or credit will be given for absence of any reason.

Date	Signature of the student (or parent/guardian if the student is a minor)
Relationship to the student if the student is a minor	Print you name

For Official Use

Date	Memo	Amount