



Braintree Community Arts Center

Class Registration Form

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Birthday: _____

Email _____

Class(es) Registered: _____

Class(es) Registered: _____

Class(es) Registered: _____

Class(es) Registered: _____

Class(es) Registered: _____

Class(es) Registered: _____

Emergency Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Important medical information we should be aware of: _____

Mail registration and full payment for class(es) to:

Braintree Community Arts Center
1969 Washington Street
Braintree, MA 02184