

**Registration Form**

**New Era Creative Space, LLC.  
1016 Brown Street,  
Peekskill NY 10566**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Additional Registrants**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Any medical conditions or developmental concerns?**

\_\_\_\_\_

**What would you like me to know about your child/children?**

\_\_\_\_\_

**Child's Hobbies or favorite activities?**

\_\_\_\_\_

**Suggest a class you may be interested in for you or your child.**

\_\_\_\_\_

| <b>Class Name</b> | <b>Cost</b> |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
| <b>Total:</b>     |             |

Please make check payable to:  
New Era Creative Space  
1016 Brown Sreet, Peekskill NY