



GREENWICH HOUSE POTTERY REGISTRATION FORM

Date & Time Received _____

Return completed form to Greenwich House Pottery at either location

STUDENT INFORMATION

Name _____

If under 18, Parents Name _____ Child's Age _____

Billing Address & Apt. _____

City, State, Zip _____

Phone, [mobile:] _____ [work:] _____ [home:] _____

Email Address _____

How did you hear about us? News Article Social Media Internet Mailing Friend

Name of Publication, Site, or Friend: _____

CLASS SELECTION

Term and Year: _____

I would like to register for [class number, name, instructor]: _____

If you wish to enroll in two classes, please list the second class here: _____

My alternate choices in order of preference are: _____ [class number(s)].

COSTS

Total tuition for all classes selected: \$ _____

Cover the credit card fee so 100% of my tuition goes to the organization. \$ _____

+\$28.05 for 12 week classes, +14.10 for 6-week classes, + 9.30 for 4-week classes

Please consider making a tax-deductible contribution to GHP to support our programs \$ _____

Total \$ _____

CHECK THIS BOX TO REQUEST A PAYMENT PLAN

I am a returning student in good standing with previous payment plans. I realize that this is pending GHP approval; if approved 33.3% of tuition is due; payment is enclosed or will be charged at time of registration, credit card is required.

PAYMENT METHOD

- Include your credit card information below, or make checks payable to: **GREENWICH HOUSE INC.**

Check card type: Visa MasterCard Amex Discover

Name on Card _____

Card Number _____ Expiration _____ Security Code _____

Signature _____

Email confirmation will be sent once registration has been processed. Refunds or credits issued only in accordance with our Refund, Reimbursement & Transfer Policy. Registration constitutes understanding and agreement with this policy. Checks returned due to insufficient funds will be charged a \$50 fee; future checks will not be accepted.

Registrations are timestamped in the order they are received, Mail-in registrations will be entered when registration opens.

ADDITIONAL INFORMATION

Emergency Contact Name _____
Phone, [mobile:] _____ [work:] _____ [home:] _____
Email Address _____

Known medical conditions (in case of an emergency, to convey to an E.M.T.)

As a non-profit, we collect demographic information both for use when applying for funding opportunities and for fostering a more diverse and inclusive community.

Date of birth ____/____/____

By which of the following genders do you identify?

- Male Female Nonbinary Transgender Other Prefer not to identify

By which of the following races do you identify?

- Arab Asian Black or African American Hispanic or Latinx Native American
 White, Non-Hispanic Mixed Race or Other Prefer not to identify

How do you identify ethnically?

- Hispanic or Latinx or Spanish Origin Not Hispanic or Latinx or Spanish Origin Prefer not to identify

Feel free to expand upon any answers to questions for which you answered other, so that we can be more inclusive moving forward.

Greenwich House Pottery will take photos for use in promotional advertising.

- Yes, I consent to have my photo taken and used on social media or print advertising.

The Pottery is part of Greenwich House, Inc., a social services agency with much to offer. Which Greenwich House programs are of most interest to you?

- Arts Education
 Arts Programming
 Music classes, concerts, and theater
 Youth community engagement
 Behavioral health services
 Older adult services