



The Dream Center, Inc.

4205 Merrick Road
Massapequa, NY 11758
(516)308-3609
dreamcenter@optonline.net

Summer Registration Form
Please complete one form per child

Today's Date: _____

Student's Name: _____ Age: _____ DOB: _____

Parent(s) Name if student is under 18: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact: _____

CLASS	DAY	TIME	MASTER CLASS(ES)	DATE	TIME
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

~ Make checks payable to The Dream Center, Inc.

~ No refunds or credits for missed classes.

NEW ACCOUNT REQUIREMENTS. PLEASE READ BACK.

Summer Tuition: _____

-10% Multi Class Discount _____

Balance Due: _____ Cash: _____ Check#: _____

Credit Card # _____

Exp Date: _____

Security Code: _____ Billing Zip Code _____

