

The Met Summer Enrichment Programs

Child's Name: _____ Child's Age as of 6/1/07: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Any known Allergies: _____

The Met will call the phone numbers listed on the form should your child not feel well or have a minor injury, but in the event of an emergency does The Met have your permission to call 911? _____ Yes _____ No

Workshop Titles _____ Date _____

TUITION: \$20 per class, per student for Met and ACM Members

A just for Met Members Special:

Register for 5 classes and get the 6th class free

\$25 per class, per student for non-members

____ Check Enclosed \$ _____

____ Please charge my Master Card or Visa \$ _____

Card Number: _____ Expiration Date: _____

Card issued to: _____

Signature: _____

Mail to: The Met
6 West Broadway
Derry, NH 03038