

REGISTRATION INFORMATION

Family Name: _____
Last

Contact Info:
Name: _____ Email: _____
Phone: _____ 2nd Phone: _____
Cell Home

Address: _____
Street City Zip Code

Student #1:
Name: _____ Gender: M/F Birth Date _____

**Class(s):
Name of Class: _____ Day/Time _____

Student #2:
Name: _____ Gender: M/F Birth Date _____

**Class(s):
Name of Class: _____ Day/Time _____

*** **First and Last Month tuition is due at signing of contract.**

****A 30 Day Notice in writing is required to withdraw from a class.**

****Registration fee is Non Refundable and is due annually upon registration date****

**** \$10 Late Fee for payments after the 8th of the month****

How did you hear about us? _____

Parent Signature Date

Total Amount Owed: _____ * (includes registration fee**
\$50-1 \$70-
*** Total Amount Paid: _____ check# _____ cash _____ cr. cd _____