



Registration Form

Today's Date: _____

Student's Last Name: _____ Age: _____

Student's First Name: _____ Birthday: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

PAYMENT INFORMATION:

Person(s) responsible for payment: _____

(If different than above)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

IN CASE OF EMERGENCY, CONTACT (other than guardian):

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

CLASS INFORMATION:

Level	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tuition (Monthly) \$ _____

Registration Fee (Annually) \$20.00 _____

Total First Payment \$ _____

Check No. _____

Parent's / Guardian's signature or student's signature (if 18 years or older):

X _____ **Printed Name:** _____