

Registration Form

Parent Name: _____
Student Name: _____ Age: _____ D.O.B _____
Student Name: _____ Age: _____ D.O.B _____
Student Name: _____ Age: _____ D.O.B _____

Address:

Street: _____
City: _____
Zip Code: _____
Home Phone: _____
Cell: _____
Email: _____

Emergency Contact (other than above):

Name: _____
Relation: _____
Phone: _____

Does your child have any medical conditions, food allergies, or special needs?

Please list classes:

Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____

Payment Agreement

(Please choose one if not paying in full)

I, _____, will be paying on a **MONTHLY basis** and agree to pay tuition by the 7th of every month. I understand that any payments made after the 7th of each month will result in a \$20 late fee charge. If payment is not received by the 15th of each month I am aware that my child will not be able to participate in class until payment is made. Tuition will be paid in full by May 7th 2024.

I, _____, will be paying on a **TRIMESTER basis** and agree to pay tuition by the 7th of September, January, and May. I understand that any payments made after the 7th of each month will result in a \$20 late fee charge. If payment is not received by the 15th of each month I am aware that my child will not be able to participate in class until payment is made. Tuition will be paid in full by May 7th 2024.

*A non-refundable \$50 registration fee per student is required at time of enrollment.

Signature: _____

Date: _____