

# 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 7<sup>th</sup> of every month. I understand that any payments made after the 7<sup>th</sup> of each month will result in a \$20 late fee charge. If payment is not received by the 15<sup>th</sup> 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 7<sup>th</sup> 2021.

I, \_\_\_\_\_, will be paying on a **TRIMESTER basis** and agree to pay tuition by the 7<sup>th</sup> of September, January, and May. I understand that any payments made after the 7<sup>th</sup> of each month will result in a \$20 late fee charge. If payment is not received by the 15<sup>th</sup> 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 7<sup>th</sup> 2021.

\*A non-refundable \$40 registration fee is required at time of enrollment

Signature: \_\_\_\_\_

Date: \_\_\_\_\_