

REGISTRATION FORM

One Form Per Student

Student Name _____

Address _____

Town/Zip _____

Phone _____ **Cell** _____

E-Mail Address _____

Age _____ **DOB** ____/____/____

Parent Name _____

Class: _____ **Day** _____ **Time** _____

Class: _____ **Day** _____ **Time** _____

Class: _____ **Day** _____ **Time** _____

CLASS 1\$ _____

CLASS 2\$ _____

CLASS 3\$ _____

Monthly Tuition Child 1 _____

Monthly Tuition Child 2 _____

Monthly Tuition Child 3 _____

Registration Fee \$10.00 PER FAMILY

Total Amount Paid _____

REG FORMS ARE DUE SEPTEMBER 10TH