



# Winter/Spring/Summer/Fall REGISTRATION

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

Student Name: \_\_\_\_\_

M \_\_\_ F \_\_\_ Birth \_\_\_\_\_

Class Name \_\_\_\_\_

Price

Day & Time: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother Work # \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Father Work # \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

### Method of Payment

- Check
- Visa/Mastercard
- Cash

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

### For Office Use Only

- Entered in Accounts
- Entered in Attendance