



Registration Form (* - denotes optional fields) Date: ___/___/___

How did you hear about us? _____ Referral Name: _____

Family Information:

Family Last Name: _____

Contact #1 First Name: _____ Last Name: _____

Circle One: Mother / Father / Other

Home Phone: _____ Cell #: _____ Work #: _____

Email: _____ Employer: * _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Info (Other than Parents): * Name: _____ Tel #: _____

Student #1 Information:

Student's First Name: _____ Last Name: _____

Student Gender: _____ Birth Date: _____ (Format=mm/dd/yyyy)

Student Email:* _____ School: _____ Grade: _____

Transportation:* _____ Allergies/Medications : _____

Classes:

Class #1: _____ Class #2: _____

Class #3: _____ Class #4: _____

Class #5: _____ Class #6: _____

Class #7: _____ Class #8: _____

Class #9: _____ Class #10: _____

Class #11: _____ Class #12: _____

Student #2 Information:

Student's First Name: _____ Last Name: _____

Student Gender: _____ Birth Date: _____ (Format=mm/dd/yyyy)

Student Email: * _____ School: _____ Grade: _____

Transportation:* _____ Allergies/Medications : _____

Class #1: _____ Class #2: _____ Class #3: _____

Student #3 Information:

Student's First Name: _____ Last Name: _____

Student Gender: _____ Birth Date: _____ (Format=mm/dd/yyyy)

Student Email: * _____ School: _____ Grade: _____

Transportation:* _____ Allergies/Medications : _____

Class #1: _____ Class #2: _____ Class #3: _____

Registration Fee:

Monthly Tuition: