

Registration Form 2014-2015

STUDENT'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

STUDENT'S HOME PHONE NUMBER: _____

STUDENTS BIRTHDAY _____ (year included)

PARENTS NAME'S: _____ Email address: _____

MOTHER _____ CELL# _____

EMPLOYER _____ WORK# _____

FATHER _____ CELL# _____

EMPLOYER _____ WORK# _____

BABYSITTER _____ CELL# _____

Please list two contacts in case that we cannot get a hold of you in case of an emergency:

NAME _____ RELATIONSHIP _____

HOME & CELL# _____

NAME _____ RELATIONSHIP _____

HOME & CELL# _____

Are there any illnesses or Allergies that we as a staff need to be aware of? YES _____ NO _____

If YES please

explain: _____

My child will be attending: Mon Tue Wed Thurs Fri AM PM Tuition: _____

TUITION WILL BE DUE THE FIRST CLASS OF EVERY MONTH, a \$5 LATE FEE WILL BE GIVEN IF RECEIVED LATE.

BY SIGNING I AGREE TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION ABOVE IS CORRECT.

PARENT PRINT NAME _____

PARENT SIGNATURE _____ DATE _____