

Registration Form – FALL 2019

STUDENT _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

IF UNDER 18: DOB _____ Parent/Guardian _____

CLASS(ES)	DAY/TIME	TEACHER
_____	_____	_____
_____	_____	_____

OFFICE USE

Tuition amount \$ _____

Date paid _____

Check number _____ Paid by credit card _____ Paid cash _____

Voucher number _____ Using class card _____ Drop-in _____