

2014-2015 Student Registration

Parent/Guardian Name Relationship

Address City Zip

home Cell Work Email (Phone)

Student Name Birthdate

Name Birthdate Student

Class(es) _____

\$15. Re-Enrollment Fee Yes / No
\$35. New Registration Fee Yes / No Start Month _____
Monthly Tuition \$ _____ 1/2 May 2011 Tuition \$ _____ Total Payment \$ _____
Payment Type: Check # _____ Cash _____ Credit Card _____
Medical Forms must be completed and we request a written explanation if medical conditions exist.
Referred by: _____

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