



Registration Form

Date: _____

Student's name: First: _____ Last: _____

DOB: _____ **Age:** _____
on August 1st

Address: _____

City, State, ZIP: _____

Parent / Guardian: _____

Contact phone number: _____

Email: _____

Additional Information: _____

For Office Use Only

Class:	Day:	Time:	Name:
	Tuition:	Registration:	

Payments:

August
September
October
November
December

January
February
March
April
May