



REGISTRATION FORM

FAMILY INFORMATION

Student Last Name		Today's Date	
Home Phone		Referred By	
Address	City	Zip	
Parent's First Name		Parent's Last Name	
Primary Phone*		Work Phone	
Email*			
Parent's First Name		Parent's Last Name	
Phone		Work Phone	
Email			

STUDENT AND ENROLLMENT INFORMATION



Last Name	First Name	DOB	Age	Gender
Class type	Day	Time	Start Date	
<i>Summer Only - Weeks</i>	Allergies or Medical Condition			
Last Name	First Name	DOB	Age	Gender
Class type	Day	Time	Start Date	
<i>Summer Only - Weeks</i>	Allergies or Medical Condition			
Last Name	First Name	DOB	Age	Gender
Class type	Day	Time	Start Date	
<i>Summer Only - Weeks</i>	Allergies or Medical Condition			

FEES



	1 st child	2 nd child (or class)	3 rd child
Membership fee			
Class fee			
Discount			
Discount			
Discount			
Totals			
Grand total =	<i>Summer Only - Paid in full or 50%</i>		
Payment method	Date	Rec'd by	