

**Registration Form**

Registration Date:

Account No.

**Session:**

**Billing Name**

Address

City  State  Zip/Postal

Home Phone  Private

E-Mail

Parent 1  Hm. Phone   
Cell  Wk. Phone

E-Mail

Parent 2  Hm. Phone   
Cell  Wk. Phone

E-Mail

Emergency Contacts  Phone   
 Phone   
 Phone   
 Phone

**Student Name**

Address

City  State  Zip/Postal

E-Mail

Birthdate  Sex  School  Grade

Allergies:

Medical Info:

Dr. Name  Phone

| Classes | Name | Level | Room | Day | Time | Tuition |
|---------|------|-------|------|-----|------|---------|
|         |      |       |      |     |      |         |

Registration Fee:

Total Tuition

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_