

**2018 SUMMER CLASSES REGISTRATION FORM**

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student's current age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Summer Class Selections: (this section must be completed for each registered class)**

**Class:** \_\_\_\_\_ **Start/End Time:** \_\_\_\_\_

**Week #:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Tuition per session:** \_\_\_\_\_ **# of classes per session:** \_\_\_\_\_

*Office use only*

Amount Paid: \_\_\_\_\_ Date registered and paid-in-full: \_\_\_\_\_

Paid by Credit Card (circle one): Visa MC # \_\_\_\_\_

Paid by CASH/CHECK: \_\_\_\_\_ CHECK #: \_\_\_\_\_ Office staff initials: \_\_\_\_\_