



2023-24 Registration Form

Child's Name: _____

DOB: _____ Age: _____ Grade: _____ School: _____

Parent(s) / Guardian(s): _____

Home Phone #: _____ Cell Phone #: _____ (_____)
 _____ (_____)

Home Address: _____

Email(s): _____

Credit Card #: _____ Exp: _____ CCV: _____
 (MUST NOT EXPIRE BEFORE 06/2023)

	NAME OF CLASS	DAY OF WEEK	CLASS TUITION	PAYMENT PLAN
1.				
2.				
3.				
4.				
5.				
6.				
7.				
			SUBTOTAL	
			REGISTRATION FEE	
			1 st PAYMENT	
			TOTAL DUE AT REGISTRATION	

Emergency Contact (other than parents/guardian)

Name: _____

Relationship: _____

Phone #: _____

Medical Information

Allergies: _____

Medications: _____

Other: _____