



Registration for Classes

Name of Student: _____

Type of Classes: _____

Day: _____ **Time:** _____

Day: _____ **Time:** _____

Tuition due each month: \$ _____ \$ _____

Start Date: ____/____/____

Pro Rate for Start Month: \$ _____

Registration Fee: \$ _____

Total Due Today: \$ _____

Staff Initial: _____

Parent Print Name: _____

Parent Sign Name: _____ **Date:** __/__/__

Payment: _____

Staff Initial: _____