



Registration Form

Parent/Guardian Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

1st Student Name: _____ DOB: _____

	Class Day	Class Time	Class Level	Class Age
1 st Choice				
2 nd Choice				

2nd Student Name: _____ DOB: _____

	Class Day	Class Time	Class Level	Class Age
1 st Choice				
2 nd Choice				

1st Child Deposit: \$ _____

2nd Child Deposit: \$ _____ (see discount chart)

1st Child Membership: \$ _____

2nd Child Membership: \$ _____ (see discount chart)

Total: \$ _____ Check #: _____

In order to register for any future class, a one-month deposit is taken, as well as the annual membership fee. All security deposits are non-refundable/transferrable.

I have read and fully understand the policies outlined above and agree to such.

Signature: _____ Date: _____

Print Name: _____