



PAYMENT \$ _____

REGISTRATION FORM

CHILD'S NAME: _____ AGE _____

PARENT'S NAME _____ PHONE _____

CELL PHONE _____ EMAIL _____

CHILD'S BDAY _____

EMERGENCY CONTACT _____ PHONE # _____

ADDRESS _____ CITY _____

| CLASS TITLE (S) | DAY (S) | TIME (S) |
|-----------------|---------|----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

PLEASE SPECIFY ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF:

SIGNED: _____ DATE: _____

I AGREE TO THE STATEMENT BELOW.

**ALL MISSED CLASSES DUE TO ILLNESS OR VACATION WILL NOT BE DISCOUNTED OR REFUNDED. YOU HAVE THE EIGHT WEEK SESSION TO DO MAKEUP CLASSES FOR ANY ABSENCES. NO MAKEUP CLASSES WILL CARRY OVER INTO OUR FALL CLASSES (SEPTEMBER).
THANK YOU.**