



Enrollment Form

Student's name: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

Parent's name: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Class Name	Day	Time
_____	_____	_____

Registration Fee (new and returning students): **\$ 30.00 ***

Tuition: \$ _____

Total: \$ _____

Adult/Parent's Signature: _____ Date: _____

* Registration fee is non-refundable. Once you have enrolled, your space is reserved, and tuition is due. If you decided **not** to continue with classes, please write a withdrawal notification at least **ONE MONTH** in advanced. Your tuition will then be prorated, and a charge or a refund will be made.