

Student's Name _____ DOB _____

Parent's Name _____

Address _____

Town _____ State _____ Zip _____

Telephone _____

E-mail _____

Number of classes weekly _____

Day of week and time _____

1st payment _____ 2nd payment _____ 3rd payment _____

(Payments for classes are non-refundable)

Parent's Signature _____