



Class Enrollment Form

Child's Information

Child's Name:

Age:

Mother/Guardian:

Contact Ph:

I have previously completed a registration form: Yes No

Class Information

Class Name:

Class Day:

Class Time:

Office Use Only

Monthly Tuition Amt: _____	<input type="checkbox"/> Entered in system	<input type="checkbox"/> Paid yearly registration	<input type="checkbox"/> Waiver signed
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