

#1 Student Name _____ Birthdate _____
 Class/Day/Time _____
 2nd Class/Day/Time _____
 Special Event _____ T-shirt Size _____
 Any medical conditions or special circumstances we should be aware of to better serve your child?

#2 Student Name _____ Birthdate _____
 Class/Day/Time _____
 2nd Class/Day/Time _____
 Special Event _____ T-shirt Size _____
 Any medical conditions or special circumstances we should be aware of to better serve your child?

#3 Student Name _____ Birthdate _____
 Class/Day/Time _____
 2nd Class/Day/Time _____
 Special Event _____ T-shirt Size _____
 Any medical conditions or special circumstances we should be aware of to better serve your child?

PAYMENT INFORMATION:



Family Membership Fee (if due)	\$50.00
Student #1 Monthly Tuition Amount	_____
Student/Class #2 Monthly Tuition Amount	_____
Student/Class #3 Monthly Tuition Amount	_____
TOTAL AMOUNT DUE:	_____



Payment Amount: _____
 VISA MC DISC CHECK # _____ CASH
 Date _____ Initials _____
 Auto Monthly _____ In Person _____