PROGRAM REGISTRATION

CHILD'S NAME _____ AGE: _____

CLASS	DAY	TIME
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TERM 1 (Sept-Nov) ___   **TERM 2 (Nov-Feb)** ___
TERM 3 (Feb-Apr) ___   **TERM 4 (May & June)** ___

Credit card # _____ Expiration: _____

OFFICE USE ONLY
Date:_____ Total: $_____
Cost $_____ + Registration fee $_____ -- Discount $_____
Payment method: CREDIT (+2%)   CASH   ETRANSFER

PROGRAM REGISTRATION

CHILD'S NAME _____ AGE: _____

CLASS	DAY	TIME
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

TERM 1 (Sept-Nov) ___   **TERM 2 (Nov-Feb)** ___
TERM 3 (Feb-Apr) ___   **TERM 4 (May & June)** ___

Credit card # _____ Expiration: _____

OFFICE USE ONLY
Date:_____ Total: $_____
Cost $_____ + Registration fee $_____ -- Discount $_____
Payment method: CREDIT (+2%)   CASH   ETRANSFER