

# Registration Form

## AFTERSCHOOL PROGRAM

### I. STUDENT INFORMATION

Home Phone \_\_\_\_\_ Registering for School Year \_\_\_\_\_

School Attending \_\_\_\_\_ Teacher Name \_\_\_\_\_

Student Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender Male Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email \_\_\_\_\_

Parent / Guardian Names \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Concerns \_\_\_\_\_

### II. PLEASE REGISTER ME FOR THE FOLLOWING PROGRAMS

CLASS NAME	DAY OF THE WEEK + TIME	1 <sup>ST</sup> DAY OF CLASS	#OF CLASSES	TOTAL TUITION	METHOD OF DEPARTURE (circle one)	
					SACC	
					PARENT PICK-UP	
					WALKER	
DISCOUNT						
MATERIAL FEE						
TOTAL AT REGISTRATION					PAID DATE	

### III. PAYMENT METHOD

Please choose one:

Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_

Please make it payable to "Harmonia School")

Credit Card:  MC  VISA  AM EX

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ V Code \_\_\_\_\_

Signature \_\_\_\_\_

Signature required: I understand and agree to the registration regulations and the financial policies as stated in the school brochure and this form. I accept complete responsibility for all charges and fees that may occur.

Signature (parent/guardian or adult student)

Name (print)

Date