



REGISTRATION FORM- FALL/WINTER

PLEASE CIRCLE ONE: ROCHESTER BIRMINGHAM

STUDENT NAME: _____

PLEASE PRINT:

STUDENT BIRTHDAY:	EMAIL:
STREET ADDRESS:	CITY/STATE/ZIP:
HOME PHONE:	CELL PHONE:
MOTHER (OR GUARDIAN):	FATHER (OR GUARDIAN):
EMERGENCY CONTACT NAME:	EMERGENCY CONTACT #:

How did you hear about us? _____

CLASS	DAY/TIME	MONTHLY PAYMENT
TOTAL FROM ABOVE:		
10% DISCOUNT FOR 3 OR MORE CLASSES PER FAMILY:		
10% DISCOUNT FOR 2 OR MORE STUDENT COMPANIES PER FAMILY		
REGISTRATION FEE:		
TOTAL DUE:		

AUTOMATIC MONTHLY BILLING? YES NO
(OFFICE USE ONLY: CASH CREDIT CHECK# _____ DATE _____)