

Student Name \_\_\_\_\_ Student Cell # \_\_\_\_\_  
 Home Address \_\_\_\_\_ zip code \_\_\_\_\_  
 Parent/Guardian name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Parent/Guardian name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Contact Email Address \_\_\_\_\_  
 Student Email Address \_\_\_\_\_  
 Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

CLASS	DAY	TIME	FEE
		Monthly	
		Total first semester	
		Total second semester	