



STUDENT REGISTRATION FORM

CLASS NAME _____

CLASS DAY _____

CLASS TIME _____

Registration Date _____ Start Date _____

Child's Name _____

Child's Age _____ M F Date of Birth _____

Address _____

School Name _____

Parent/Guardian #1 name _____

Parent/Guardian #2 name _____

H# _____ C# _____ W# _____

Email _____

Person(s) Authorized to pick up my child:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>

How did you hear about us? _____

Payment \$ 50.00 Registration Fee
 \$ 5.00 Pick up Fee
 \$ _____ class fee
 \$ _____ **TOTAL FEE**

Cash
Amount _____ Date _____ Taken By _____

Check
Make Checks Payable to: *Acting Up CDA*
Amount _____ Date _____ Taken By _____
Check Number _____

Credit Card
Amount _____ Date _____ Taken By _____

Name as it appears on card _____
Type ___ Visa ___ MC ___ Amex ___ Discover

Card Number _____

Expiration Date ___/___/___ Security Code _____
I authorize the above payment to be charged on my credit card:

Card Holder Signature: _____

I authorize this card to be used on a monthly recurring basis for tuition:

Please check one: Yes _____ No _____