



Registration Form

Today's Date _____

Students Name _____

Name of person paying for class _____

Street and Mailing address _____

City _____ Zip _____

Mothers Name _____ Work Phone _____

Fathers Name _____ Work Phone _____

Emergency contact and phone
number _____

Age _____ Date of Birth _____

Home Phone: _____ cell: _____ work: _____

E-mail address: _____

Please list the classes you are enrolling
in: _____

Registration is not valid unless accompanied by a one-time \$25.00 registration fee
to hold your place in class. How did you hear about us? _____

Return registration form with fee to:

3604 Oakdale Road Suite C, Modesto, CA, (209) 551-3000

