



Registration Form

Today's Date _____

Students Name _____

Name of person paying for class _____

Street and Mailing address _____

City _____ Zip _____

Mother's Name _____ cell phone _____

Father's Name _____ cell phone _____

Emergency contact and phone number _____

Age of student _____ Students date of birth _____

Home phone _____ work phone _____

Email address _____

Please list the classes you are enrolling in _____

Registration is not valid unless accompanied by a one-time \$30 registration fee to hold your place in class.

Return registration form with fee to:

3604 Oakdale Road suite B- C Modesto, Ca 95357 209-551-3000

How did you hear about us? _____