

## FAMILY REGISTRATION FORM 2017-2018

Last Name:		Home Phone Number:						
Parent/Gua	rdian 1 Name:	Parent/Guardian 1 Cell:						
Parent/Gua	rdian 2 Name:	Parent/Guardian 2 Cell:						
Email Addre	ess:							
Street Addr	ess:		City:		_State:_	Zip	):	
Emergency	Contact and Phone nu	mber (if not	parent):					
			Relationsh	nip to Chil	d:			
How did yo	u hear about us?					Waiver Siş	gned?	
STUDENT 1 N Date of Birth		nde:	Availability:					
Semesters		Instructor	Day & Time	Length	Tuition	Reg. Fee	Consult/Returning	
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STUDENT 2 N			Availability:					
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STUDENT 3 N	Name:	I	Availability:	1				
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Semesters	Program/Instrument	Instructor	Day & Time	Length	Tuition	Reg. Fee	Consult/Returning	
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PAYMENT PLAN: monthly/in full/ad hoc



<b>SEMESTER</b>		

	1	ACTOTAL: TABLE 2017				— Monthly payment amount:					
Student:	Program:	Tuition	Qty	Fee type & amount		Date	Amount	Payment Type	Balance	Entered	
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					2						
					3						
					4						
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	ORDER TOTAL						payment		,		
Student:	Program:	Tuition	Qty	Fee type &		Date	Amount	Payment	Balance	Entered	
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SEMESTER (	ORDER TOTAL	L: SUMME	R 2017	7			T PLAN: n	• .	n tuii/aa	noc	
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	ditions:		otal:		No	otes:		•	•	-	