



ENROLLMENT FORM

(There is a one-time \$10.00 enrollment fee)

Student's Name _____ Age _____ B-Day _____

Parent's Name _____

Address _____ City _____ Zip _____

Phone# _____ Cell# _____ Email _____

Allergies? _____ Other _____

Class Day/Time _____

We accept checks/cash/MC/Visa/Discover.

Please let us know if you are interested in auto-pay. Thank you!