

SHIRLEY VAN'S – REGISTRATION FORM 2009 - 10

RETURNING/CURRENT STUDENT _____

NEW STUDENT _____

DATE OF 1ST CLASS ___/___/___

DATE OF BIRTH ___/___/___

Name: _____

Parents or Guardians Names: (If under 18) _____

Address: _____

City, State, Zip Code: _____

Billing Address: (If different than students) _____

e-mail: _____

Home Phone # _____ Cell Phone# _____

Mother's Work# _____ Mother's Cell # _____

Father's Work # _____ Father's Cell # _____

CLASS: _____ TIME: Start _____ End _____ DAY: _____ STUDIO: East/West

CLASS: _____ TIME: Start _____ End _____ DAY: _____ STUDIO: East/West

CLASS: _____ TIME: Start _____ End _____ DAY: _____ STUDIO: East/West

CLASS: _____ TIME: Start _____ End _____ DAY: _____ STUDIO: East/West

CLASS: _____ TIME: Start _____ End _____ DAY: _____ STUDIO: East/West

CLASS: _____ TIME: Start _____ End _____ DAY: _____ STUDIO: East/West

COST OF CLASSES PER QUARTER:

½ hour.....\$55.00
¾ hour.....\$60.00
1 hour.....\$64.00
1 ½ hour.....\$68.00

REMINDER:

There is a \$5.00 registration fee per student, per year.

➤ Payments are due at the beginning of each quarter.

No Refunds.

See brochure for discounts, small group, private, package deals and walk-in prices.

I have read the terms on the reverse side. I understand and agree to the payment terms, studio policies and rules.

Parent Signature or Student over 18