

Class Registration Form

New Student ☐

Returning Student ☐

Student's Full Name: _____

Birthdate: _____

Parent's Full Name: _____

Email: _____

Address: _____

Zip Code _____

Phone Number: _____

Class you are signing up for (Level/Day/Time): _____

Please list all adults who will pick your child up from class: _____

Please describe any prior foreign language experience your child has had: _____

Please describe any learning difficulties that we need to be aware of if any: _____

How did you hear about us? _____

Emergency Contact Info:

Name: _____

Phone Number: _____

Preferred Payment Option: _____

Check # _____

