



REGISTRATION FORM

Child's Name _____ Date of Birth _____

Address _____

Phone Number _____

Alternate Phone Number _____

Please provide us with the best phone number(s) to reach you during the hours your child is in class.

Parent/Guardian

Names _____

Parent/Guardian Address (if different from above)

Parent Email Address

Please choose the class option based on the class descriptions:

M/W a.m. ____ T/TH a.m. ____ M-TH p.m. ____

Which Tuition Tier will you be using? Tier # ____

Please read the following documents/instructions and initial below.

____ I have read and agree with the Tuition document.

____ I have read and agree with the Clothing document.

____ I have completed and enclosed the Student Information and Authorization form.

____ I have enclosed a check in the amount of \$50.00 for the non-refundable registration fee.

Parent/Guardian signature

Date

Please sign and return this form along with the deposit check to:

Kelly Rose
1014 N 77 St.
Omaha, Ne 68114

Registration rec'd Date: _____ Time: _____ Enrollment Date: _____ Class: _____
*To be completed by school