



Enrollment Form

Today's Date: _____

Entered (Date/Init) _____

Student's <u>First Name</u>	Last Name	Gender	Date of Birth	Other Considerations (Ex - Allergies, Limitations/Restrictions, ADA, No Social Media, etc.)
1		M F	/ /	<input type="checkbox"/> Other - _____
2		M F	/ /	<input type="checkbox"/> Other - _____
3		M F	/ /	<input type="checkbox"/> Other - _____
4		M F	/ /	<input type="checkbox"/> Other - _____

Mother's First Name: _____ Last Name: _____

Father's First Name: _____ Last Name: _____

Home Address: _____ Zip : 857 _____ Home Phone: _____

E-mail Address: _____ Cell Phone: _____

Check here if **ACTIVE** Military, TFD, or TPD. Show ID to Office Staff to receive 10% off class tuition. Verified by : _____ (Date/Init)

Other than the parents, who should we contact in case of emergency? _____ Phone: _____

How did you hear about us? _____

Please sign the waiver on the other side

