OFFICE USE:

CLASS INFORMATION

STUDENT NAME(S)	LEVEL	DAY	TIME	START DATE	MONTHLY FEE

PAYMENT INFORMATION

ANNUAL FAMILY REGISTRATION FEE..... $ 35

MONTHLY FEE (PRORATE _____ WEEKS)..... $_____

TOTAL FEE..... $_____

DISCOUNT – PROMOTIONAL..... (-) $_____

TOTAL PAYMENT .... CHECK#_____..... $_____

CORRESPONDENCE

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