



**SUMMER 2011 SESSION REGISTRATION FORM
MAY 16, 2011 to AUGUST 13, 2011**

Student Name: _____ Start Date: _____

Birth Date: _____ Age: _____ Sex: M F

Email: _____

Home Phone: _____ Cell Phone: _____

WHO TO CONTACT IN CASE OF EMERGENCY:

Name: _____

Phone: _____

Do you have medical insurance? Yes No

If yes, please name your insurance provider: _____

| TUITION RATES PER STUDENT THREE MONTH SESSION BY THE CLASS (NOT PER DAY) | |
|---|----------|
| Entire Session: One Class/One Hour per Week | \$140.00 |
| Entire Session: Two Classes/Two Hours per Week | \$250.00 |
| Entire Session: Three Classes/Three Hours per Week | \$340.00 |
| Entire Session: Unlimited Classes per Week | \$380.00 |
| Drop-in Rate: Regular Class/One Hour | \$15.00 |
| Private Class: One Hour | \$60.00 |
| Private Discount Package Three hours | \$140.00 |

Parent or Guardian Signature _____

(Please Print) _____

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