

SUMMER REGISTRATION FORM

☐ Male ☐ Female

Student's LAST Name		FIRST Name	Middle Initial	Birthdate / Age	
LAST Name of Billing Contact		FIRST Name	Street / Postal Address		
Home Phone	Cell Phone		City	State	Zip Code
Active Military Member <input type="checkbox"/> Yes <input type="checkbox"/> No					
Email Address					

CLASS	DAY	TIME	HOURS
NOTE: ALL REGISTERED STUDENTS WILL BE BILLED TUITION THROUGH JULY 24, 2015 To change or drop classes - a class change form must be received by the 20th of the month to be effective for the following month. See contract for details.		TOTAL HOURS	
		TOTAL MONTHLY TUITION	\$
		FIRST DAY OF CLASS	/ /
CREDIT CARD REQUIREMENT: We require a credit card number to be on file for each student. Your credit card will be processed after the 10th of each month for any outstanding balance (see contract). NO REFUNDS. ALL SALES FINAL.		PAYMENT DUE TODAY	
		REGISTRATION FEE	\$
		TUITION (Pro-Rated Yes / No)	\$
REQUIRED CREDIT CARD INFORMATION		OTHER:	\$
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER # _____ Expiration Date ____/____/____		OTHER:	\$
AUTOPAY AUTHORIZATION <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL REGISTRATION DUE	\$
AUTOPAY OPTION: We process your tuition for you. Autopays are processed on the 20th of each month to prepay for the following month.		Check # _____ / CC Record # _____ / Cash	
		AMOUNT PAID	\$

By signing below I agree to have my credit card run for tuition if I have not paid by the 10th of each month.