

Student Registration Form

GENERAL INFORMATION

First Name _____ Last Name _____ Gender: Male Female

Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: _____ Home

_____ Work

_____ Other

Email _____

Parental/Guardian Contact Information (Please provide if registrant is under 18)

Name (Mr. Mrs. Miss) _____

Phone _____

Emergency Contact Information

Name (Mr. Mrs. Miss) _____

Phone _____

Relationship _____

Special Needs

Explanation _____

Date of Registration: _____ Assigned Tutor: _____

COURSE SELECTIONS

Course Number	Title	Day/Class Time	Tuition
Tutoring (Group)			\$50.00 per month
Tutoring (Private)			\$80.00 per month

Total tuition due \$ _____

PAYMENT INFORMATION

SEE PAGE 4 IN THE PROGRAM GUIDE TO LEARN ABOUT THE RENAISSANCE CENTER PAYMENT AND REFUND POLICIES.

If mailing payment, please send "Attention Registration".

_____ Cash Amount \$ _____

_____ Check Check Number _____ Amount \$ _____

MAKE CHECKS PAYABLE TO "THE RENAISSANCE CENTER"

Credit Card: Visa _____ MasterCard _____

AMEX _____ Discover _____

Account Number _____ Exp _____ / _____

Amount \$ _____