

SPTTC After School Registration

Student Name: _____ **Age:** _____ **Grade:** _____

School Name: _____

Home Address: _____

Email Contact: _____

Parents Name: _____ **Phone:** _____

_____ **Phone:** _____

Emergency contact if parent or guardian is not available:

Name/Relationship: _____ **Phone:** _____

Select a program you want to attend (Please check one)

- \$490/month (4 days TT/1 day** Chess4Life)
- \$480/month (4 days TT/1 day** Best in Class)
- \$480/month (4 days TT/1 day** Shaolin KunFu)
- \$450/month (4 days TT/1 day** NW Chinese School - Tue (grade K-2); Thu (grade 4-6))
- \$690/month (4 days TT/1 day** HiScore Gifted Test Prep Mon (first grade); Wen or Fri (grade 2-8))
- Other** _____

Print Name: _____ **Relationship:** _____

Signature of Parent or Legal Guardian: _____

Date: ____ / ____ / _____

Enclosed Check #: _____ **Amount:** _____