SPTTC After School Group Lesson 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)

- ❑ Mondays 4:30 – 6:00
- ❑ Tuesdays 4:30 – 6:00
- ❑ Wednesdays 3:00 – 4:30

Fees: $ **45** per lesson. Must purchase a full month of lessons.

(Minimum three students and maximum five students per group)

Print Name: _____ Relationship: _____

Signature of Parent or Legal Guardian: _____

Date: ____ / ____ / _____

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