

# Little Stars Program Application 2010

DATE REC'D \_\_\_\_\_

DATE \_\_\_\_\_ FIRST CLASS \_\_\_\_\_ LAST CLASS \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
LAST FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_  
STREET TOWN ZIP

DATE OF BIRTH \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
DAY/MONTH/YEAR

PARENT/GUARDIAN NAME \_\_\_\_\_

TELEPHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_ (CELL/BEEPER) \_\_\_\_\_

EMERGENCY CONTACT (NAME & PHONE #) \_\_\_\_\_

**CIRCLE ONE**

TIMES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY*
9:00-10:00 AM						X
10:00-11:00 AM						X
11:00-12:00 PM						
12:30-1:30 PM	X					
6:00-7:00 PM						

FULL PAYMENT IS REQUIRED FOR ALL PAYMENT OPTIONS. STUDENT WILL NOT ATTEND SESSIONS UNLESS HIS/HER FINANCIAL OBLIGATIONS ARE FULFILLED.

**MISSED CLASSES MUST BE MADE UP  
WITHIN THE PAID TUITION PERIOD**

**PAYMENT OPTIONS\***

1 MONTH (TRIAL ONLY)	3 MONTHS	6 MONTHS
4 SESSIONS=\$100*	12 SESSIONS=\$240*	24 SESSIONS=\$480*

*\*PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. NO REFUNDS.  
CREDIT MAY BE APPLIED IN FORM OF ACADEMY SERVICES OR MERCHANDISE*

**PAYMENT**

\_\_\_ CASH \_\_\_ CHECK \_\_\_ CREDIT CARD\* (ADD 3% PROCESSING CHARGE)

DRIVERS LICENSE # \_\_\_\_\_

CREDIT CARD (MC/VISA/AMEx/DISCOVER) \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_



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