

Little Stars Program 2012

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	SATURDAY
9:30-10:30 AM	X

**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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