Class Registration Form-THE TRAINING CENTER

Teacher Name:		USE ONE FORM PER TEACHER		
description at ttcclaIf you have any queCheck payment op	, and mail this form with your methonses.com for contact information). Appetions about a class, please contact the stion you will use: 1) post-dated cheepment 2024-2025 from ttcclasses.com	fter July 1, no refunds will be teacher directly. ecks (monthly or semester)	2)automatic bill pay	
Parents' Names	Parent	Email		
Address:		City, State Zip Code		
Mom Cell Phone	Dad Cell	Phone		
Emergency Contact	Phone			
Please enter the student	ts' names & specific name of the teac	cher's class as listed on the se	chedule.	
Student Name:	Stud	ent Email		
Birthday and age as of Sept. 1	, 2024Grade as	of Sept. 1, 2024	Male/Female (Circle one)	
Class Name	Class Day/Time	Monthly Tuition \$	Lab/Supply Fee	
Learning/Medical/Social/Emo	otional issues: (Please list and give ad	ditional information on the	back)	
•	n last year? Homeschool			
·	-		ain)	
Student Name:	Stud	lent Email		
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Learning/Medical/Social/Emo	otional issues: (Please list and give ad	ditional information on the	back)	
_	n last year? Homeschool			
•	•		in)	
Yearly tuition may be divided Monthly tuition is due on the This is a <i>full-year financial co</i>	neir own class registration and tuition into 10 monthly payments (July throfirst day of each month regardless of ommitment. ent and a \$75 membership fee must b	ough April). how many classes are taugh		
I agree with the above:				
	Parent Signature and Date			