Class Registration Form TRAINING CENTER

Teacher Name:	USE ONE FORM PER TEACHER			
information, see theIf you have any quesCheck the paymen	class description at ttcclasses stions about a class, please co t option you will use: 1)		sued after July ly or semester	y 1. r) 2)automatic bill pay
Please Print Neatly				
Parents' Names		Parent Email		
Address:		City, State, Zip Co	ode	
Mom's Cell Phone	D	ad's Cell Phone		_
Emergency Contact	Ph	none		
Please enter the students	s' names & specific name of t	the teacher's class as listed or	n the schedule	<u>.</u>
Student Name:Student Email				
Birthday and age as of Sept. 1,	2025G	rade as of Sept. 1, 2025	Male	/Female (Circle one)
Class Name	Class Day/Time	Monthly Tuition	n \$	Lab/Supply Fee
Learning/Medical/Social/Emo	last year? Homeschool		Where?	
Student Name:	e:Student Email			
Birthday and age as of Sept. 1,	2025G	rade as of Sept. 1, 2025	Male/Fei	male (Circle one)
Class Name	Class Day/Time	Monthly Tuiti	ion \$	Lab/Supply Fee
Learning/Medical/Social/Emo	last year? Homeschool _	=	nere?	
I understand: Each teacher is in charge of the Yearly tuition may be divided Monthly tuition is due on the f month. This is a <i>full-year finan</i> Completion of all steps on the I agree with the above:	into 10 monthly payments (Juirst day of each month, regar acial commitment.	uly through April). dless of how many classes ar		mplete.

Parent Signature and Date