



## Life Lessons Registration

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Information:

Medical conditions/history:

\_\_\_\_\_

Allergies: \_\_\_\_\_

### Tuition:

Days Attending: \_\_\_\_\_ Tuition Amount: \_\_\_\_\_

Paid in Full Year: \_\_\_\_\_ Paid in Full Monthly: \_\_\_\_\_ 2 Monthly Installments: \_\_\_\_\_

*Life Lessons is a 9 month program running September thru May. Tuition is based on the school year and remains the same regardless of weeks, holidays and closings. A two week written notice required if a participant is not going to continue with the program. Tuition will not be refunded for missed sessions or removal from the program.*

By signing below, the undersigned attests to and fully agrees to the above:

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_