

CLASS REGISTRATION FORM

CLASS: _____

TEACHER: _____

SESSION DATES _____ TIME: _____

TUITION: _____ Deposit: _____ Balance: _____

DATE PAID: _____

PAYMENT METHOD: _____

STUDENT INFO:

Student Name:	Age: (if child)	Phone #:
Student Address:	Email Address:	
Guardian's Name (if child):	Emergency Contact (Name & Phone):	

NOTES:

*Please make checks payable directly to your teacher...
 Teacher contact & class info can be found at asifstudios.com*