



REGISTRATION FORM

Student Name: _____

Father's Name: _____

Mother's Name: _____

Date of Birth: ____/____/____

Gender: Male / Female

Email: _____

Work Phone: _____

Cell Phone: _____

Address: _____

Student Information (Fill out only if you are registering more than one child)

Student Name: _____

Date of Birth: ____/____/____

Gender: Male / Female

Student Name: _____

Date of Birth: ____/____/____

Gender: Male / Female



IN CASE OF EMERGENCY
(List someone other than parents)

Name: _____

Relationship: _____ **Phone Number:** _____

Name: _____

Relationship: _____ **Phone Number:** _____

STUDENT'S MEDICAL INFORMATION

Physician Name: _____ **Phone Number:** _____

Any Medication/ Name of child: _____

Allergies (please explain): _____



ADDITIONAL INFORMATION

Fees per Trimester

- ❖ One child: \$150 per trimester
- ❖ Two children: \$250 per trimester
- ❖ Three children: \$350 per trimester
- ❖ Four children: \$450 per trimester

****NOTE****

1. \$100 increment per extra child
2. School fees are non-Refundable.