



CLASS REGISTRATION FORM

800 W. Buena Avenue Chicago, IL 60613 p 773 525 6000 f-773-345-1600

All first time registrants need to also complete the Student Information and Policy Form.

SESSION: _____ YEAR: _____

Student Name: _____ DOB: _____

Description	# Times/week	Day 1/time	Day 2/time	Day 3/time	Tuition
					X2*

#1 Subtotal:

Student Name: _____ DOB: _____

Description	# Times/week	Day 1/time	Day 2/time	Day 3/time	Tuition
					X2*

#2 Subtotal:

Student Name: _____ DOB: _____

Description	# Times/week	Day 1/time	Day 2/time	Day 3/time	Tuition
					X2*

#3 Subtotal:

*For language classes, be sure to calculate tuition using **TWO** payments per semester. Credit cards charges for the second installment will be charged mid semester.

Total:

New Family Registration Fee:

\$30

Sibling Discount (less \$30 per additional child)

— () —

Grand Total:

I wish to pay by Credit Card. **PLEASE FILL OUT BILLING ADDRESS INFORMATION**

Card Type: Visa Mastercard

Charge No: _____ Exp: _____

Verification code: _____

XX/200X

This is a three-digit code on the back of your card

Name as it appears on the card: _____

BILLING ADDRESS

address: _____ city: _____ state: IL zip: 606 _____

I wish to charge my account:

AMOUNT

		AMOUNT
<input type="checkbox"/>	One Installment	
<input type="checkbox"/>	Two Installments	Second payment will be charged mid semester

SIGNATURE: _____ DATE: _____ Total:

I wish to pay by Check. I have mailed the check in with my form.

I have faxed in my form and will be sending a check to