

# REGISTRATION FORM

First and last name of student: \_\_\_\_\_

Age: \_\_\_\_\_

Birth date: \_\_\_\_\_

Parent's names: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cel \_\_\_\_\_

**Email** \_\_\_\_\_

\*Please provide an email you check regularly. Most communication is done through email.

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

What Spanish instruction has your child had, if any?

\_\_\_\_\_

\_\_\_\_\_

Please let us know if there are any medical concerns (allergies, asthma etc) that would be helpful for our teachers to know.

\_\_\_\_\_

\_\_\_\_\_

Please write the day and time for which you are registering your child.

Days: \_\_\_\_\_ Times: \_\_\_\_\_

\*Tuition for NEW STUDENTS ONLY is due on the second class. After the first class tuition is due on the 10<sup>th</sup> of every month.

CASH OR CHECK ONLY please. Please make checks payable to: Bilingual Pals