

**DDC GYM-N-LEARN
2011-2012 REGISTRATION FORM**

Name of Student: _____ Age: _____

Date of Birth: _____ Gender: _____ Male _____ Female

Street Address: _____

City, State, Zip _____

Home Phone: _____

Mother's Name: _____

Mother's Cell: _____ Mother's Work: _____

Mother's Email: _____

Father's Name: _____

Father's Cell: _____ Father's Work: _____

Father's Email: _____

Emergency Contact: _____

Relationship to Student: _____ Contact #: _____

Ages 3-5: Wednesday 10-12 _____ Friday 10:00-12 _____

Payments:

Registration Fee: _____

Monthly Tuition: _____

Supply Fee: _____

Total Paid: _____

Type of Payment:

Cash Receipt No.: _____ Check No.: _____

Credit Card:

Visa # _____ Exp: _____ CVV2 #: _____

Master Card # _____ Exp: _____ CVV2 #: _____