



# REGISTRATION FORM

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Student Age: \_\_\_\_ Birth Date: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

**There is a \$25 NON-REFUNDABLE registration fee PER STUDENT. Classes are filled as students register. There is a class limit for each class.**

Class	Day of the Week	Time	Class Fee
		<b>TOTAL</b>	

I agree to pay the tuition of \$\_\_\_\_\_ per semester unless we formally withdraw with the Director of Via Creativa. I understand that it is my responsibility to notify the school in writing if my child(ren) withdraws from the class, otherwise I will be charged regular tuition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I do not hold St. Anthony Catholic School, St. Francis Parish, or anyone affiliated with the Via Creativa program at St. Anthony Catholic School responsible for injuries sustained during the normal course of the classes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_