



Registration Form

Student's Name

First

Last

Student's Name (2)

First

Last

D.O.B. ____/____/____

Grade _____

Teacher _____

School _____

Parent / Guardian Name

First

Last

Parent / Guardian Name

First

Last

Address _____
Street City State Zip

E-mail Address _____

Home Phone # _____ Cell# _____

How did you hear about this program? _____

Who do you know may be interested in this program?

Name

Phone

Staff Signature _____ Date _____

Amount paid \$ _____ Date paid _____

Cash ☐ / Check ☐ / M.O. ☐ / PayPal ☐ Paid in full ☐ Waitlist ☐ Yes ☐ No

Checks payable to **Donna Riley**



Media Release for Programs

- ☐ It is okay for my child to appear on promotional materials such as website, flyer, and brochures. Also, as a parent or guardian, I also give my consent to use my written or verbal testimonial regarding the program.
- ☐ It is not okay for my child to appear on promotional materials such as website, flyer, and brochures.

Student's Name

Parent or Guardian Signature

Date _____

Staff Notes