

Ms. Deb's Right Brain Classes

REGISTRATION FORM

Date: _____

FAMILY INFORMATION:	
Parent [my Primary Contact] Name:	
Cell Phone:	
Email:	
Family Address:	
STUDENT INFORMATION:	
Student #1 Name & Date of Birth	
Student Cell Phone # & Email	
Fall Class Registration List class(es) to the right:	
Student #2 Name & Date of Birth	
Student Cell Phone # & Email:	
Fall Class Registration List class(es) to the right:	
Multi Class Discount: Enroll in 2 paid classes and receive the 3rd free – valid same student OR siblings!	
EMERGENCY INFORMATION: In the case of emergency, I will contact the Primary Parent using the information above. If I cannot reach the primary parent, please list secondary contact information:	
Name & Relationship:	
Cell Phone #:	
Please list any medical information that I should know about your child[ren] (write on back if you need more room):	
Please list any other information that I should know about your child[ren] (write on back if you need more room):	
Payment Information:	
Family Registration Fee Paid? _____ How paid? _____ (not required for summer camps)	
Summer Camp Fee Paid? _____ Amount _____ (discount? _____) How paid? _____	
Fall/Spring Classes – how will fee(s) be paid? _____	

Mail to: Deb Evans, 18074 Hill Road, Cleveland TX 77328,
or email as attachment to debsclasses@yahoo.com

Payment accepted: Checks payable to DEB EVANS, credit card, Paypal, cash