



CLASSES REGISTRATION FORM

Mondays
 Fridays
 Both

Date: _____ Semester: _____ First _____ Second

Family Name: _____ Parents: _____

Address: _____ City: _____

Zip Code: _____ Mom's Cell: _____ Dad's Cell: _____

Email: _____ Preferred form of contact: Email Text App Call

Home Church: _____ HSLDA Membership #: _____

Enrolled in ACS: _____ Yes _____ No Must complete Liability Release & Code of Conduct PSP: _____

Name <small>(Give last name if different from parent)</small>	Sex	Grade	DOB	Class	Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Non-ACS Family Registration Fee: \$75

Class fees are per semester and non-refundable after the second week of class.

Students may be placed on academic hold for late or non-payment of fees.

Office Use Only:

Total Class Fees: _____ Teacher Discount: _____ QB: _____
 Upon Registration (20%): _____ Check #: _____ Late Fee (\$15 per class): _____
 Aug/Jan (40%): _____ Check #: _____ Late Fee (\$15 per class): _____
 Sep/Feb (40%): _____ Check #: _____ Late Fee (\$15 per class): _____
 Dropped Date: _____ Reason: _____ Initial: _____