

Returning Student Offline Registration Form

Student 1

*Name: _____

*DOB: _____ / _____ / _____

Student 2

*Name: _____

*DOB: _____ / _____ / _____

Student 3

*Name: _____

*DOB: _____ / _____ / _____

Classes you wish to Register for: (Please list the day, time, and class title as they appear on the schedule)

For multiple students, make sure their names are listed next to the classes they want

_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____

*Circle the payment plan you are interested in: Monthly Yearly(two 5 month payments)

MAKE SURE TO FILL OUT ALL ATTACHED FORMS BEFORE TURNING IN

Has any of your contact information changed?

NOTE: WE ARE MAKING ALL NEW BIRTHDAY PINEAPPLES THIS YEAR SO IF YOU HAVE NOT YET FILLED ONE OUT, PLEASE ASK US FOR ONE.