

# SPRING | 2010

ONE REGISTRATION FORM PER STUDENT PLEASE



Weekdays 2010

Saturdays 2010

- January 4 to January 21
- January 25 to February 11
- February 15 to March 4
- March 8 to March 25
- March 29 to April 15
- April 19 to May 6
- May 10 to May 27

- January 9 to January 30
- February 6 to February 27
- March 6 to March 27
- April 3 to April 24
- May 8 to May 29

PLEASE CHECK SESSION(S) YOUR CHILD WILL ATTEND:

CLASS NAME \_\_\_\_\_

DAYS PER WEEK (EXAMPLE MON/WED OR TUES/THURS OR SAT) \_\_\_\_\_ CLASS TIME \_\_\_\_\_

PLEASE ADD \$25 ANNUAL REGISTRATION FEE \$ \_\_\_\_\_  
\$65 MAX PER FAMILY PER YEAR

CLASS COST(S) \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

## Method of Payment

MAIL TO 5400 CAMDEN AVENUE SAN JOSE CA 95124

FAX TO 408.267.0264

\_\_\_\_ PERSONAL CHECK      \_\_\_\_ CASH      \_\_\_\_ VISA/MC/AMEX

ACCOUNT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AVAC MEMBER CHARGE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE DAY/EVENING \_\_\_\_\_

Please indicate any condition your child has that we should be aware of here: