**Registration form**

**Personal information**

Last name ---------------------------- First name ----------------------------- Date of birth----------------------------------

**Person responsible for tuition**

Last name ---------------------------- First name -----------------------------

Address ----------------------------------------------------------city/ state/ Zip----------------------------------------------------

Phone (Home) -----------------------------(Cell)----------------------------- Email----------------------------------------------

**Parent/ Guardian** (if different from above)

Last name ---------------------------- First name -----------------------------

Address ----------------------------------------------------------city/ state/ Zip----------------------------------------------------

Phone (Home) -----------------------------(Cell)----------------------------- Email----------------------------------------------

**Class registration**

Name of the class--------------------------------------------Tutor requested---------------------------------------------------

Lesson Day----------------- Lesson Time----------------- Prefered starting date-------------------------------------------

Siblings: Child 1----------------------------------------------- Birthday------------------------------------------------------------

Child 2------------------------------------------------ Birthday-----------------------------------------------------------

Registered by -------------------------------------Tuition payment --------------------------------------------------------------

Materials Fees ------------------------------------ for-------------------------------------------------------------------------------

Total ------------------------------------------------ Paid Via------------------------------------------------------------------------

* **I have read and understand the Institute policies, and agree to abide by the guidelines and policies listed.**
* **I hereby release M.A.D.E International institute from any and all liability from injuries and illnesses incurred while at the class. I have insurance covering my child in case of injury or illness.**

Emergency contact name ---------------------------------------- Phone -------------------------------------------------------

Date ------------------------------------------- Signature -----------------------------------------