



Student's First Name		Student's Last Name		Student's Preferred First Name	
Date of Birth	Age	School (If Applicable)		Grade	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Parent(s)			Name of child's caregiver at class		
Home Address			City	State	Zip
Telephone (Home)		Cell Phone	Mother <input type="checkbox"/> Father <input type="checkbox"/>	Work Phone	Mother <input type="checkbox"/> Father <input type="checkbox"/>
Email (Mother) (Required for class confirmation)			Email (Father)		

**Classes for Winter/Spring 2010 are \$525.00 for 14 classes. Semester includes two make-ups during your registered time/day.**

\*\*Trial week: January 12

\*\*Scheduled classes begin Jan. 19th and end on May 25, 2010.

\*\*All children MUST be accompanied by an adult/caregiver for the duration of the class.

**Please indicate which class day/time you are registering for:**

Class Location	Class Day	Time
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### PAYMENT DETAILS

METHOD OF PAYMENT:    CHECK (see below) <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/>		
Credit Card #:	Exp. (Mo./Yr.)	CC Security Code
_____ - _____ - _____	____/____	_____
Name on Card (Please Print)	Billing Address (If different than mailing address above)	
_____	_____	
Check# (Made Payable to StoryTime By Design, Inc.): _____	Signature	
Date: _____	_____	

I hereby agree to enroll in the StoryTime By Design, Inc. program and agree to the following terms:

Full payment is required in advance to reserve a space for your child. Payment can be made by cash, check, or credit card. Your reservation is not confirmed until full payment has been received.  
 A full refund will be given prior to the first class less a \$50 cancellation fee. A pro-rated refund will be given prior to the second class less a \$50 cancellation fee. There will be no refunds or credits after the second class.  
 StoryTime By Design, Inc. reserves the right to cancel your reservation if payment is not received in full by the first day of the session or if your child's behavior proves detrimental to the health, safety and progress of other children.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_