



Student Registration Form

I. Student Information:

Name: _____ Gender: _____ Grade: _____

School Attended: _____ District: _____

Phone: _____ Email: _____

Parents / Guardian: _____ Relationship: _____

Phone: _____ Email: _____

Additional Information: _____

II. Program Information:

Course Name: _____ Location: _____

Start Date: _____ End Date: _____

Tuition: _____ Deposit: _____

Special Instruction: _____

III. Fee and Policy

1. Non-refundable deposit is \$100. It could be credited for other classes, if withdrawn two weeks before the selected program starts.
2. Full tuition payment is due within two weeks before the program starts.
3. 10% discount for siblings.

Parent's Signature: _____ Date: _____

EasyThru's Signature: _____ Date: _____