



Registration

Child's Name _____ Age _____

Address _____

Parent's Name _____

Parent's Address _____

Phone Number _____ Email Address _____

Parent Signature _____ Date _____

CLASS	SESSION	LEVEL (swim only)	Time (piano only)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAYMENT: _____ Cash _____ Check made payable to Colonial Schools _____ Credit Card
Credit Card # _____ Expiration Date _____ Code _____
Name on Card _____
Authorized Signature _____

Minimum participation for a class is four children. Payment must accompany registration form. A full refund will be given if a session is cancelled due to minimum participation. Missed classes will not be made up. You will receive a letter confirming your registration.

You can register at www.ColonialSchools.org or return completed registration form and payment to the School office.