

# CLASS REGISTRATION FORM

(One form per student)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

Parent(s) or Guardian(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)' Email(s): \_\_\_\_\_

\_\_\_\_\_ Student's Email: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

## PAYMENT INFORMATION

Discounts of 10% given to those who enroll in multiple classes or have additional family member enrolling.

For additional payment options send an email to [PACE@kidsintheact.org](mailto:PACE@kidsintheact.org) Subject: Payment Options

Class Name	Class Time	Cost
Total Cost		
Less 10% Multi-class or family discount		
<b>Total Amount Due</b>		

\*For multiple family member discount, please send registration forms together.

**Mailing Address: PACE 503 East Nifong, #148, Columbia, MO 65201.**

For Office Use  
Date Received \_\_\_\_\_  
Check Number \_\_\_\_\_

\_\_\_\_\_ **Money Order or Personal Check enclosed made payable to PACE.**

\*We will confirm your enrollment by email