



LOVING FAMILIES

Registration Form

Redirecting for a Cooperative Classroom

Name of School: _____

Contact Person: _____ Date: _____

School Address: _____

Telephone Number: _____ Other Number: _____

Email Address: _____

Dates: _____

Time for Class: _____

Location: _____

What concerns does your school/teachers currently have?

A non refundable deposit of \$250.00 required to reserve the dates.

Deposit Received- Y N Date _____

Remaining balance is due on the first day of class.

FORM OF PAYMENT: Check Cash
Total Amount Due: \$ _____
Balance Due: \$ _____ Payment received by: _____