

# COURSE REGISTRATION FORM

Academic Year \_\_\_\_\_ - \_\_\_\_\_

(Fill out one form per student)



Parent/Legal Guardian(s): \_\_\_\_\_

|                     |                |       |               |
|---------------------|----------------|-------|---------------|
| Student Information | Student Name:  |       | Grade*:       |
|                     | D.O.B.:        | Age*: | Mobile Phone: |
|                     | Student Email: |       |               |

\*use Age and Grade for the start of upcoming academic year

| Course Selections |       | Tuesday                       | Thursday                      |
|-------------------|-------|-------------------------------|-------------------------------|
|                   | 9:00  |                               |                               |
|                   | 10:30 |                               |                               |
|                   | 12:00 | Lunch      Check if attending | Lunch      Check if attending |
|                   | 12:30 |                               |                               |
|                   | 2:00  |                               |                               |
|                   | 3:30  |                               |                               |

Please enter Course Title. Be sure to include **Study Hall** as needed. Don't forget **Spanish Lab**.

*Please note: Classes that do not meet the class minimum by the June 30<sup>th</sup> deadline may be cancelled. (Parents, please keep a copy of each student's registration for your records.)*

|  |
|--|
| Are there any allergies/medical conditions we should be aware of?    Yes      No   |
| If yes, please describe:   |
| At times, students will request ibuprofen or acetaminophen, which we keep onsite, for headaches or other minor ailments. Does your child have permission to take these OTC medications if requested? |
| Yes      No      Comment:  |

Mail this form, Family Information Form, and the registration fee to:

Areté Christian Academy  
 Attn: New Enrollment (new family to Arété) or  
 Attn: Returning Enrollment (returning family)  
 PMB 141  
 8005-C Creighton Pkwy  
 Mechanicsville, VA 23111

**Annual Registration Fees**

\$100 for each child (new family to Arété)

\$80 for each child (returning family)

**\$150 Late Registration After June 30<sup>th</sup>**

**\*\*\* Registration fees are nonrefundable. \*\*\***

**\*\*\* A \$50 charge will be assessed for any check returned for insufficient funds. \*\*\***

~~~~~ PLEASE DO NOT WRITE BELOW THIS LINE ~~~~~

Date received: \_\_\_\_\_ Payment: (Check #) \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_