

COURSE REGISTRATION FORM

School Year ____ - ____
 (Fill out one form per student)



Parent/Legal Guardian(s): _____

Student Information	Student Name:	
	D.O.B.:	Age*:
	Grade*:	

*use age/grade for the upcoming school year

Course Selections		Tuesday	Thursday
	9:00		
	10:30		
	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 30th deadline may be cancelled.
 (Parents, please keep a copy of each student's registration for your records.)*

What day(s) will your student be onsite for lunch (12:00-12:30)?	Tuesday	Thursday
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

Mail this form, Family Information Form,
 and the registration fee to:
 Arété Christian Academy
 c/o Liberty Christian School
 8094 Liberty Circle
 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 30th

Registration fees are nonrefundable.

A \$30 charge will be assessed for any check returned for insufficient funds

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

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