

COURSE REGISTRATION FORM

Academic Year 2025-2026

(Fill out one form per student)



Parent/Legal Guardian(s): _____

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

*use Age and Grade for the upcoming academic year

Course Selection(s)		Tuesday	Thursday
	9:00		
	10:30		
	12:00	Lunch	Lunch
	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 May 31st 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 ☐

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

Areté Christian Academy

Attn: New Enrollment (new family to Arété) or

Attn: Enrollment (returning family)

PMB 141 8005-C Creighton Pkwy

Mechanicsville, VA 23111

Annual Registration Fees

\$125 for each child (new family to Arété)

\$100 for each child (returning family)

Late Registration fee is \$175 after May 31st

***** 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: \$ \_\_\_\_\_

*Areté Course Registration Form Rev. 03/2025*