

Student information

Name (last, first, middle):			
Age:		Date of birth (mm/dd/yyyy):	
School:			Grade:
New* or returning student?			

Parent/Guardian Information

name	phone	email	relationship to student

Sessions

	Session I	1/19 - 3/16	3/09 no kung fu class
	Session II	3/23 - 5/18	4/06 no kung fu class

Tuition & Fees:

Tuition: \$280/session (8 classes) 5:15-6:15 pm

Total Tuition & Fees: _____ Check # _____

I waive any right to claim against Maylan International Academy owners, staff, teachers, or Briarcliff Baptist Church in the event of accident, injury, or loss of personal items and hereby give permission to the same to obtain medical services for my child in the event of a medical emergency or injury. I grant to Maylan International Academy, its representatives and employees, the right to take pictures, video, or audio recordings of my child and to copyright, publish, and use the same, with or without my child's name, in print or electronic form for purposes such as publicity, advertising, illustration, or web content.

Signature: _____ Date: _____