

C1

Registration



2011-2012

Student's Name _____

Parent(s)'s Name(s) _____

Home Address _____

Phone #'s: Mom (cell) _____ (work) _____

Dad (cell) _____ (work) _____

Home _____

E-mail (best address for communication): _____

Registration type (circle one):

Regular Participant

Occasional Participant

If registering your child as a **Regular Participant**, please indicate which day(s) he/she will be attending each week:

M T W TH F

How would you like to pay? *Monthly Draft _____ or **Prepay _____

(see web flyer for current rates)

*If paying by monthly draft, please also include a check for the 1st payment, a voided check, and initial the statement below.

**If prepaying fees for the entire year, please attach a check for the amount due.



Parent signature

Date

*Enclosed is the 1st of 10 payments, and I agree to have the remaining 9 monthly payments for the C1 program added to our CDS tuition bank draft. I understand the first payment will be drafted on August 17, 2011 and will continue monthly through April 17, 2012. I understand that once fees are posted to our CDS account (as of the 10th of each month) they are non-refundable and that rates are not prorated for attendance.



*Parent Initials _____

Mail this form, the \$40 annual registration fee **for each child**, and (if applicable) either a voided check & the 1st of 10 payments, **or** a check to cover the full year's fee, whichever appropriate, to:

Covenant Day School; 800 Fullwood Lane; Matthews, NC 28105; Attn: C1 Program

*Please write all checks out to **Covenant Day School***

Office Use Only

DR _____ SD _____