

# Best Kids Academy

## Registration Form

Child 1 \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday \_\_/\_\_/\_\_ School \_\_\_\_\_

Child 2 \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday \_\_/\_\_/\_\_ School \_\_\_\_\_

Mom's Mobil #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dad's Mobil #: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, the undersigned, as the legal guardian of the student(s) above hereby granting authority to the staff of Best Kids Academy to render a judgment concerning medical assistance in the event of an emergency / accident in my absence. I agree not to hold BKA or its employees or contractors responsible in any way while any accident occurs during classes, travels, activities, performance and transportation. **Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Child 1		Child 2	
Classes	Tuition	Classes	Tuition
Total		Total	
Family Registration \$40.00		Total Amount \$	
Date:	Received by:		

(School's Copy)

### Best Kids Academy-Enrichment Classes

Child 1		Child 2	
Classes	Tuition	Classes	Tuition
Total		Total	
Family Registration \$40.00		Total Amount \$	
Date:	Received by:		

(Parents' Copy)

TAX ID 27-0618782