

# Registration

## Early Childhood

I.

Class Title \_\_\_\_\_ Day/Time— 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

II.

Class Title \_\_\_\_\_ Day/Time— 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

Total Tuition \$ \_\_\_\_\_

Registration Fee \$ **35** \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

- Check enclosed made payable to Concordia College
- Bill my credit card:  Visa  MasterCard  Amex

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Payment plan letter enclosed

I am registering the above student for the Winter/Spring 2010 Concordia Conservatory program and agree that I am responsible for financial obligations—as stated in the Conservatory Catalog—incurred by the above named student. I understand that the registration fee is non-refundable.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## Medical Information

Please describe allergies, medical conditions, and special needs or considerations of which we should be aware:

---



---



---

[OFFICE USE ONLY] Postmark \_\_\_\_\_ Date \_\_\_\_\_ Computer \_\_\_\_\_ Date \_\_\_\_\_