

# "4 Key Concepts" Class Registration

Please complete the following

Child's name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_

Preferred contact method;

Parent(s) e-mail or phone: \_\_\_\_\_

**Please indicate which days and times are convenient for you:**

M\_\_ Tu\_\_ W\_\_ Th\_\_ Fri\_\_ Sat\_\_ Sun\_\_

Morning\_\_ Midday\_\_ Evening\_\_

**"4 Key Concepts" Class Day** \_\_\_\_\_

**"4 Key Concepts" Class Time** \_\_\_\_\_

Please read and then sign below:

Exact days and times for the classes will be arranged with Pastor.

The classes are free of charge.

All four hours of the class must be completed before the tuition discount can be applied.

The class may be attended by either parent/guardian or both parents/guardians to receive the discount.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This section to be completed by Pastor or Vicar

**Class Start Date** \_\_\_\_\_

**Class End Date** \_\_\_\_\_