

Express Yourself Academy

iStepsCinco!

REGISTRATION FORM

(Please note the session that you are registering for.)

1st Student's Name: _____ Age: _____ Birthdate: ____/____/____

Grade: _____ School: _____

Registering for: (DATES): _____ (DAY): _____ (TIME): _____

2nd Student's Name: _____ Age: _____ Birthdate: ____/____/____

Grade: _____ School: _____

Registering for: (DATES): _____ (DAY): _____ (TIME): _____

Mother's Name: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____

Address: _____ Zip: _____

Email Address: _____

Father's Name: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____

Address: _____ Zip: _____

Email Address: _____

(Only if different from student's mother)

Does your child have any allergies? _____

Is there anything about your child you'd like us to know? _____

To Register: Please fill out this form and mail with tuition check to:

iStepsCinco!

1201 Grove Blvd., Suite 1602

Austin, Texas 78741