

Pahlow's Registration Form

The _____ Family

Address: _____ City: _____ Zip Code: _____

Father's name: _____ Mother's name: _____

Father's cell: _____ Mother's cell: _____

Home phone: _____ Preferred # during ODA: _____

Parents' e-mail: _____ Student's e-mail: _____

Emergency contact person & phone number: _____

Enrollment Information

Student	Age	Campus	Class	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Terms of Acceptance

My family agrees to accept the policies of One Day Academy any time we attend a One Day Academy campus. We give permission for our child(ren) to be photographed in the course of normal classroom activities. Pictures may then be used on the Pahlow's English or One Day Academy website. We agree to pay the **stated monthly tuition fee** for each of our student's courses or **\$120 for the family** on or before the beginning of each month. Cash or personal checks (payable directly to Debra Pahlow) are acceptable, and receipts will be furnished upon request.

 Father's Signature

or

 Mother's Signature

Please submit this form and \$30 registration fee to:
Mrs. Debra Pahlow, P.O. Box 2331, Bastrop, Texas 78602
Registration fees are non-refundable.