

One Day Academy Certificate #: _____

Course Registration Form

To register for Theater classes with Voni Dickson, mail this form, along with appropriate payment, to: Voni Dickson | 235 B Cutting Horse Trail | Bastrop, TX 78602

Student #1	
Name: _____	Age: _____
Email: _____	
Course: _____	Campus: _____

Student #2	
Name: _____	Age: _____
Email: _____	
Course: _____	Campus: _____

Student #3	
Name: _____	Age: _____
Email: _____	
Course: _____	Campus: _____

Parent Information:

Dad's First Name:	_____	Dad's Last Name:	_____
Mom's First Name:	_____	Mom's Last Name:	_____
Dad's cell phone #:	_____	Mom's cell phone #:	_____
Home phone #:	_____	Parent's email:	_____
Address:	_____		
City:	_____	State:	_____
		Zip:	_____

Payment Information:

Comments:	_____
Registration Fee:	_____
Check:	_____

Payment is due on or before the 1st of every month.

Parent's signature _____

You must also register your family with One Day Academy.