

One Day Academy Certificate #: _____

Course Registration Form

To register for class with Kristin Cochran
Send this form, along with appropriate payment, to
Kristin Cochran | 1208 Boerne Drive | Cedar Park, TX 78613

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 #:			
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.