

# Registration Form



arizonasunrays.com | 602 992 5790 | FAX: 602-992-2420

## Student Information

LAST NAME	FIRST NAME	MI	TODAY'S DATE
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Student #1

LAST NAME	FIRST NAME	MI	EMAIL ADDRESS
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Student #2

(For Sunrays use only)

STREET ADDRESS	
CITY, STATE, ZIP	<input type="checkbox"/> Address Change

Has this student or any sibling been enrolled at Sunrays before?  YES  NO Approx. Date: \_\_\_\_\_

PHONE (HOME)	How did you learn about Arizona Sunrays?
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Parent:	Cell Phone #
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Parent	Cell Phone #
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Guardian	Cell Phone #
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\_\_\_\_\_ I UNDERSTAND THAT A 30 DAY WRITTEN NOTICE IS REQUIRED WHEN UNENROLLING FROM CLASS.  
(<http://arizonasunrays.com/about-us/withdrawal-form/>)

\_\_\_\_\_ I UNDERSTAND THERE ARE NO REFUNDS FOR MISSED OR UNUSED CLASSES. WE OFFER MAKE-UPS!  
(PLEASE INITIAL)

## Class & Tuition Information

1<sup>st</sup> class. . . . Class Day: \_\_\_\_\_ Time: \_\_\_\_\_ \$ \_\_\_\_\_  
Student #1

2<sup>nd</sup> class. . . . Class Day: \_\_\_\_\_ Time: \_\_\_\_\_ \$ \_\_\_\_\_

1<sup>st</sup> class. . . . Class Day: \_\_\_\_\_ Time: \_\_\_\_\_ \$ \_\_\_\_\_  
Student #2

2<sup>nd</sup> class. . . . Class Day: \_\_\_\_\_ Time: \_\_\_\_\_ \$ \_\_\_\_\_

Annual Membership Fee.....\$ \_\_\_\_\_

Student total per month .....\$ \_\_\_\_\_

Your child will now be enrolled in class until we receive a 30 day drop notice. To better serve our customers, we are now on a monthly tuition autopay system.  
Please get autopay forms in our office or on our website.