



Enrollment Form

Student's Full Name

D.O.B.

Name of School/Work

Parent(s) Full Name

Relation to Student

Mailing Address

e-mail address

Telephone #

Mother

Father

Other

Day:

Night:

Cell:

Physician's Name

Telephone #

Program(s) of Choice

Day(s) of Choice

Tuition

1.

2.

3.

4.

Student's Total Tuition:

FAMILY SPECIAL!

2nd Child: 10% discount.

Please Send this Enrollment Form with Tuition Payment to:

Susan Kapchinske
PO Box 112
Lenox, MA 01240