



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