

One Day Academy Certificate #: _____

Course Registration Form

To register for Humanities classes with Karen Hoghaug this form, along with appropriate payment, to: Karen Hoghaug | 321 Hannah Drive | Dripping Springs, TX 78620

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 first register your family with One Day Academy.