



# English Registration

Family Name \_\_\_\_\_

ODA Family Number \_\_\_\_\_

**Mrs. Sarah Hulse, Teacher**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Father's cell \_\_\_\_\_ Mother's cell \_\_\_\_\_

Parents' e-mail \_\_\_\_\_ Student's e-mail \_\_\_\_\_

Emergency contact person & phone number \_\_\_\_\_

## Enrollment Information

Student	Age	Campus	Class	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Terms of Acceptance

- Annual registration is \$60 for one student, \$80 for two students, and \$100 for three or more students.
- My family agrees to accept the policies of One Day Academy any time we attend a One Day Academy campus.
- We give permission for our child(ren) to be photographed in the course of normal classroom activities. Pictures may then be used on the One Day Academy website.
- We agree to pay the stated monthly tuition for our student's courses on or before the beginning of each month, either cash or personal checks. Receipts are only furnished upon request.

\_\_\_\_\_  
Father's Signature

or

\_\_\_\_\_  
Mother's Signature

**Please submit this form and fees to:  
Sarah Hulse, 2401 Edgecliff Path, Georgetown, Texas 78626  
The registration fee is non-refundable.**