



STEM After School

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REGISTRATION FORM (2017-2018)

STUDENT INFORMATION

FIRST NAME: _____ LAST: _____ DATE OF BIRTH: _____ M / F

FIRST NAME: _____ LAST: _____ DATE OF BIRTH: _____ M / F

ADDRESS: _____

TELEPHONE: (H): _____ (C): _____ (W): _____

SCHOOL: _____

LIST ANY MEDICAL CONDITIONS, ALLERGIES/HISTORY WHICH WOULD BE HELPFUL OR LIMIT PARTICIPATION IN CDMA?

PARENT/GUARDIAN INFORMATION (BUYER)

FIRST: _____ MI: _____ LAST: _____

E MAIL _____

ADDRESS: _____

TELEPHONE: (H): _____ (C): _____ (W): _____

SPOUSE'S NAME: LAST: _____ FIRST: _____ CELL: _____

EMERGENCY CONTACT

FIRST: _____ LAST: _____ RELATIONSHIP: _____

TELEPHONE: (H): _____ (C): _____ (W): _____

PROGRAM : AFTER SCHOOL: PLEASE CHOOSE ONE OPTION!!

() PICK UP AFTER 6:00 PM (\$10.00 / PER WEEK) () PICK UP BEFORE 6:00 PM

	<u>10 Months Membership</u>	<u>Monthly</u>	
◆ OPTION A ()	\$396 / M	\$416 / M	Martial arts
◆ OPTION B ()	\$476 / M	\$496 / M	Math and Martial Arts
◆ OPTION C ()	\$516 / M	\$536 / M	PICK 2 ANY
◆ OPTION D ()	\$596 / M	\$616 / M	PICK 3 ANY

ADD-ONS /MONTHLY

()	ROBOTIC	\$125.00	()	MARTIAL ARTS	\$125.00
()	CHESS	\$125.00			
()	MATH ENRICHMENT	\$125.00			
()	PUBLIC SPEAKING	\$125.00			