



REGISTRATION FORM

Please check type of program Summer Program

- ( ) Kids and Teens Summer 2008
( ) Year-round Courses 2008-2009

Last Name First Name MI Nickname

Birthdate (month-date-year) Grade Level

Home Address # street name Apt #

City State Country Zip

Home Phone /Student Cell Phone / Student

Work Phone/ Parent /Guardian Work Phone / Parent/Guardian

Email Address / Student Email Address / Parent/Guardian
Parent/guardian information (if student is under 18 years old)

Last Name First Name MI Nickname

I would like to enroll in the following courses for summer 2008:

Course Date Amount Tax Total

Multiple Minds Terms & References for Participants

- (Check here) I reviewed the terms and references of the Multiple Minds Program
(Check here) I agree to terms and references of the Multiple Minds Program

Signature of Student / Date

Signature of Parent/Guardian / Date

To complete registration requirements, Fax Form to: (505) 983 5642