



REGISTRATION FORM

Please check type of program

- Summer Program
- School year: Fall Semester
- School year: Spring Semester

Last Name First Name MI Nickname

_____ M _____ F _____

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 2009:

Course	Date	Amount	Tax	Total

- (Check box) I reviewed the terms and references of the Multiple Minds Program
- (Check box) 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

