

Van Grow Registration

Student: _____

Parents/Legal Guardians: _____

Age: _____ Birth Date: _____ Grade/School Attending: _____

Address: _____ Zip Code: _____

Phone Number(s): _____

Join our e-mail list: _____

Emergency Contact/Phone Number : _____

List those with permission to pick your child up: _____

Allergy or medical concerns: _____

Camps/Classes registering for: _____

_____ Total: _____

How did you hear about us: _____

I authorize Van Grow to charge this account for the following amount.

Visa/MasterCard/Cash/Checks Accepted.

If mailing this form:

Credit Card Account # _____ Expiration: _____

Signature: _____ Date: _____

I give my child permission to attend Van Grow.

Signature: _____

Date: _____

You may **fax** this form to **817.348.0690** or **mail** to **3434 w. 7th street. Fort Worth Tx. 76107**
(Please contact us if you do not receive confirmation that we received your fax.)

Refund Policy:

Class fees are not refundable.

Day camps: A studio credit will be given if you call before class begins so we can try to fill that spot.

Weekly classes: Please call to arrange a make-up class during the time enrolled.

No credits for missed class.