

# Van Grow Registration

Student: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade/School Attending: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact 1 - Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact 2 - Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Join our e-mail list: \_\_\_\_\_

Emergency Contact - Name & Phone Number ( Different from above): \_\_\_\_\_

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.