

Summer Session 2017 Registration Form: FOR USE BEGINNING MAY 4, 2017

Returning Students: Please submit this form to CJ Administrative Staff to complete the registration process. Students returning from Spring 2017 classes may be subject to a \$25 late fee if this hardcopy registration form is received after May 4th.

New Students: In addition to submitting this form, you must complete the **ONLINE PRE-REGISTRATION** process, which allows us to collect important biographical and medical information and create an account for you. We ask that you allow 3-5 business days for our staff to process pre-registration forms and this process must be *complete* before you can be officially registered for classes.

Parent/Guardian: _____ Home: _____ Cell: _____

Address: _____ City _____ State _____ Zip _____

Primary Email: _____ Other contact: _____

Relationship to Student #1: _____ Relationship to Student # 2: _____

STUDENT #1 NAME: _____ DATE OF BIRTH _____

School attending: _____ 16-17 Grade _____ Gender: _____ Height: _____

Registration status (circle one):

Returning from a previous session OR **New Student** (must ALSO complete the online Pre-Registration process)

Class Name, Day & Time	Class Code	Fee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Sub total: _____

Annual \$40 registration fee (due once per academic year): \$40

Late Fee (see gray box above; only applicable to RETURNING students from Spring Session): \$25

Total due for Student #1: _____

STUDENT #2 NAME: _____ DATE OF BIRTH _____

School attending: _____ 16-17 Grade _____ Gender: _____ Height: _____

Registration status (circle one):

Returning from a previous session OR **New Student** (must ALSO complete the online Pre-Registration process)

Class Name, Day & Time	Class Code	Fee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Sub total: _____

Annual \$40 registration fee (due once per academic year): \$40

Late Fee (see gray box above; only applicable to RETURNING students from Spring Session): \$25

Total due for Student #2: _____

PAYMENT (MUST be included with registration)

Inquire with staff regarding payment plan paperwork (hard copies are available at the desk or downloaded on the CJ website)

CHECK (payable to Circus Juventas) - Check #: _____ **CASH** (exact change only) - Cash amount: _____

CREDIT CARD (Visa, Mastercard, American Express) - Card #: _____ Exp: _____ CV Code: _____

Please submit this form with payment (1270 Montreal Ave, St Paul 55116) or via fax: 651-699-4395

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