

Fall Session Hard Copy 2017 Registration Form

Classes start September 18th

Returning Students: Please submit this form to CJ Administrative Staff to complete the registration process. Please note that returning students will be charged a \$25 late fee for registrations turned in after the online registration deadline.

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.

STUDENT NAME: _____ DATE OF BIRTH: _____

School attending: _____ '17-18 Grade _____ Gender: _____ Height: _____

Registration status (circle one): **Returning from a previous session** OR **New Student**

Primary Contact Parent/Guardian: _____

Address: _____ City _____ State _____ Zip _____

Primary Email: _____ Phone number: _____

	Class Name	Class Code	Day and Time	Class Fee
Course Request 1	_____	_____	_____	_____
Course 1 Alternate 1	_____	_____	_____	_____
Course 1 Alternate 2	_____	_____	_____	_____
Course Request 2	_____	_____	_____	_____
Course 2 Alternate 1	_____	_____	_____	_____
Course 2 Alternate 2	_____	_____	_____	_____
Course Request 3	_____	_____	_____	_____
Course 3 Alternate 1	_____	_____	_____	_____
Course 3 Alternate 2	_____	_____	_____	_____
Course Request 4	_____	_____	_____	_____
Course 4 Alternate 1	_____	_____	_____	_____
Course 4 Alternate 2	_____	_____	_____	_____

Annual \$45 registration fee (due for everyone this fall!): **\$45**

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

Fee Total: _____

PAYMENT (MUST be included with registration)

Inquire with staff regarding payment plan paperwork.

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 in person (1270 Montreal Ave, St Paul 55116) or via fax: 651-699-4395

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