
Student Registration Form

Name of Student: _____

Date of Birth: _____

Gender: Male ___ Female ___

Grade: _____

Father's Name: _____

Mother's Name: _____

Telephone: _____ Landline ___ Cell ___

Email(s): _____

Address:

Days Registering for: Monday ___ Tuesday ___ Friday ___

Pricing per month: \$25 for one day a week, \$50 for two days a week, \$100 for three days a week

Paying by: Cash ___ Check ___ Card ___

Make checks payable to: LEGACY CHURCH

Card Payments can be made at www.legacysutton.com in the giving section.

Mark LLC in the memo

We have read and agree with the mission and vision statements of Legacy Learning Center.

We also agree that all the above is true.

Signatures:

