

Star Learning Center

P.O. Box 12041

Burke, VA 22009-2041

Email: star2learn@yahoo.com Web: <http://www.starlearningcenter.org>

Student Information		
Student Name:	Age:	Grade:
School:		
Home Address:		
City:	State:	Zip:
Day Phone:	Evening Phone:	
Email:		
Emergency Contact:	Emergency Phone:	

Registration Information (GT Program 2010 Fall)		
GT Preparation: 10 2-hours sessions (Aug. 28th – Oct. 23rd)		
Session1 (9:00 am – 11:00 am)	Tuition: \$480	
Session 2 (11:10 am – 1:10 pm)	Tuition: \$480	
Session 3 (1:40 pm – 3:40 pm)	Tuition: \$480	
	Total	

Emergency Care and Consent to Enroll	
<p>During the enrollment of the student, the Star Learning Center has my permission to take the student to the emergency room of the nearest hospital when I can not be reached in an emergency situation. I relieve the center of all responsibility in case of accidental or injury during all activities. I also understand that the student may be disciplined if breaches of rules and regulations occur. I assume all responsibility for damage to center property brought about by the student. It is my responsibility to drop off and pick up the student on time.</p> <p>Cancellation Policy: Withdrawal before the first class: Full refund (\$30 processing fee will be charged) Withdrawal after the first class: 80% of Full tuition. No refund after the second class.</p> <p>Parent/Guardian Signature: _____ Date: ____/____/2010</p>	
<ul style="list-style-type: none"> Seat is guaranteed only if tuition is paid in full. Make check payable to: Star Learning Center, P.O. Box 12041, Burke, VA 22009-2041 	

<i>Star Learning Center Use Only</i>		
Payment: \$	Check number:	Bank Name:
Received By:	Date:	