



CRYSTAL
Children & Teacher Supply

Class Registration Form

Date: _____ Student's Name: _____ Age: _____

School: _____ District: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Payment: Cash, or Check # _____ Payable to: Crystal Teacher Supply
Credit Card payment applies to \$200 minimum or with the agreement for the monthly auto credit card charges.

Credit Card # _____ Exp. Date: _____

Parent's Signature: _____

E-mail Address: _____

Please check the session you are attending and circle the tuition:

Class Name: _____

Class Tuition: \$ _____ / 4 weeks \$ _____

Class Dates: _____

Private Lessons: Rate \$ _____ / hr. Total _____ hours \$ _____

\$20 Enrollment for entire school year (nonrefundable) \$ _____

Total Payment Due Now: \$ _____

Registration Options:

By E-mail: ccts@flash.net

By Phone: 281-491-7323

By Fax: 281-265-2665

Pick Up Policy

Your child must be ready for pick up at scheduled dismissal time. There will be a \$5 late fee for first 10 minutes and \$3 for every 5 minutes thereafter.

Cancellation/Change Policy

A full refund minus a \$20 service fee is given only if cancellation request is received 2 weeks prior to class start time. If a child is sick and is unable to fulfill the enrollment, a doctor's note is required for a full refund minus \$20 service fee to be given. Switching class time is permitted only upon space availability. There will be a \$20 service fee assessed for any change.



Emergency & Waiver Form

Emergency Information

In case of an emergency, and in the event I cannot be reached by phone, I authorize a CRYSTAL Teacher Supply representative to take immediate steps for emergency treatment for my child. Neither the instructor nor the CRYSTAL Teacher Supply staff will be held liable for any medical fees. In the event of any emergency (illness or accident), the following individuals may be contacted.

Parent/Guardian's Name	Home Phone	Cell Phone
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Alternate Person's Name	Home Phone	Cell Phone
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Doctor's Name: _____ Phone: _____

Hospital: _____ Phone: _____

List medicines your child is allergic to: _____

Waiver of Liability

I, the undersigned, will not hold instructors or CRYSTAL Teacher Supply staff liable for injuries sustained by my child while on the premises of CRYSTAL Teacher Supply.

Pick Up Responsibility

I understand that I am responsible for picking up my child no later than the dismissal time. In the case that I run late, there will be a \$5 late pick up fee for the first 10 minutes, and \$3 for every 5 minutes thereafter.

Parent's Signature: _____ Date: _____