

LASCAUX ACADEMY REGISTRATION FORM

Phone (650) 631-5888 Fax (206) 337-1156 lascauxacademy@gmail.com 1501A El Camino Real, Belmont, CA 94002

(Please remit the form along with payment to **PO Box 366, Belmont, CA 94002**, or fax the form to **(206) 337-1156**. Do not mail cash. Thank you.)

How did you learn about us? (If from website, please specify which website.)	
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Student's Name (first last / last name), gender, age, and their school names			
Student 1	Student 2	Student 3	
Father's Name / Guardian (first last)		Mother's Name / Guardian (first last)	
Phone (Day)	(Work)	(Home)	(Mobile)
Email 1		Email 2	
Home Address		City	Zip code
Emergency Contact (first name / last name)		Phone (Day)	Phone (Evening)
Family Physician		Preferred hospital (Phone)	
Health insurance provider		Insurance policy #	
Is (are) your kid(s) allergic to anything? Symptoms? Medical prescribed?			

Program title and fees	1. Session (month / weeks / days / hours in a week) 2. Starting date	Number of Registrant	Want to be a member for lower tuitions? (\$50 annual fee)	Fees due total (include membership fees if applicable)

Payment: You can pay by [checks](#), [money orders](#) (payable to **Lascaux Academy**), or fill out credit card information below and remit the form to the address on top of this form. (Please write in [clear upper case](#). Thank you.)

Credit Card Payment: \$ _____ | Visa | MasterCard | American Express | Discover | Others _____

Name on the card (first name / last name / company name, if applicable) _____

Card Number		Expiration Date		-		Authorization Code
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- Authorization code is [the last 3 digits above the metal strip on the back side](#) on most credit cards; on **American Express**, it's the last 4 digits on the [front side on the right-hand edge](#).

Billing address (if different from home address above)

_____ Unit # _____ City _____ State _____ Zip code _____

Please ensure that you read through terms and policies on our website before you enroll. All registrants (and their parents and/or guardians) agree to abide to our terms and polices.

Parent(s) name(s) [First name / Last name] _____

Parent(s) signature(s) _____ **Date** ____/____/____