Registration First Name:	1.	ast Name:	D	ate of Birth:	
	_	ust Nume.		ate of Birtin.	
Address:					
City:	State:	Zip:			
Emergency Nu	mber:				
	Name	Work Phone	Home Phone	Cell Phone	E-mail
her					
other					
mily Doctor					
nergency					
	gies your child may	have: ations your child may	/ have:		
Please list any	special accommoda	ations your child may			
Please list any	special accommoda	ations your child may	/ have: Kindergarten: \$.	200.00 □ Fars	i 1-3 rd grade: \$250.00 □
Please list any	special accommodage for the following \$250.00 P	ations your child may			i 1-3 rd grade: \$250.00 □
Please list any I am registering Adult Persian:	special accommoda g for the following \$250.00 P \$125.00 C	ations your child may classes: re-K: \$200.00	Kindergarten: \$2		i 1-3 rd grade: \$250.00 □
Please list any I am registering Adult Persian: Art (drawing): Level of Persian	special accommoda g for the following \$250.00 P \$125.00 D	ations your child may classes: re-K: \$200.00	Kindergarten: \$		i 1-3 rd grade: \$250.00 □
Please list any I am registering Adult Persian: Art (drawing): Level of Persian Comprehensio	special accommoda g for the following \$250.00 P \$125.00 D	ations your child may classes: re-K: \$200.00 Dance: \$150.00	Kindergarten: \$: History: \$150.00		i 1-3 rd grade: \$250.00 □
Please list any I am registering Adult Persian: Art (drawing): Level of Persian	special accommoda g for the following \$250.00 P \$125.00 D	ations your child may classes: re-K: \$200.00 Dance: \$150.00	Kindergarten: \$: History: \$150.00		i 1-3 rd grade: \$250.00 □

Iranian Cultural Foundation 9703 Richmond Suite 105, Houston, TX 77042 www.ICFHouston.org 832-767-1636

Package discount: 10% OFF a class if registering for all classes