

**Registration Form:**

First Name:

Last Name:

Date of Birth:

Address:

City:

State:

Zip:

Emergency Number:

	Name	Work Phone	Home Phone	Cell Phone	E-mail
Father					
Mother					
Family Doctor					
Emergency Contact					

Any food allergies your child may have:

Please list any special accommodations your child may have:

I am registering for the following classes:

Adult Persian: \$250.00  Pre-K: \$200.00  Kindergarten: \$200.00  Farsi 1-3<sup>rd</sup> grade: \$250.00

Art (drawing): \$125.00  Dance: \$150.00  History: \$150.00

Level of Persian Knowledge:

	Nothing	Basic	Intermediate	Good
Comprehension:				
Reading:				
Speaking:				

ICF members: 10% OFF a class with current membership

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