## **Registration Form for Fall:**

First Name:	Last Name:		Date of Birth:		
Address:					101
City:	State:	Zip:			HOUSTON
Emergency Nun	nber:				
	Name	Work Phone	Home Phone	Cell Phone	E-mail
Father					
Mother					
Family Doctor					
Emergency Contact					
		tions your child may	/ have:		
I am registering	for the following o	lasses:			
Adult Persian:	\$200.00 Pr	re-K: \$200.00	Kindergarten: \$	200.00	ii 1-3 <sup>rd</sup> grade: \$200.00
Art (drawing): \$	125.00 Da	ance: \$125.00 🔲	Adult Farsi Private	e: \$30/hr 🔲 Hist	ory: \$125.00
Book: \$25.00	Practice B	ook: \$15.00			
Level of Persian	Knowledge:				
	Nothing	Basic Interme	diate Good		
Comprehension	:				
Reading:					
Speaking:					

ICF members: 10% OFF a class with current membership

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