

# Willow Bend Academy Summer 2019 Registration Form

\$200 deposit per session reserves seat (non-refundable)

Teacher: \_\_\_\_\_

2220 Coit Rd., #500  
Plano, TX 75075  
Ph 972.599.7882, Fax 972.612.7858

Registration Date: \_\_\_/\_\_\_/\_\_\_  
Start Date: \_\_\_/\_\_\_/\_\_\_

<b><u>Summer Programs</u></b>	<b><u>1<sup>st</sup> Session:</u></b> <b>June 10 – June 27</b> Monday – Thursday	<b><u>2<sup>nd</sup> Session:</u></b> <b>July 8 - July 25</b> Monday – Thursday
On-Campus Morning Session (8:15 a.m. – 12:15 p.m.) <b>\$630.00</b> Course Name(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
On-Campus Afternoon Session (1:00 p.m. – 5:00 p.m.) <b>\$630.00</b> Course Name(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
Home Study (8:15 a.m. – 12:15 p.m.) <b>\$500.00</b> Course Name(s): _____	<input type="checkbox"/>	<input type="checkbox"/>

**Student Information**

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Student's E-mail: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Student's Cell Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Sex: F / M Student's Age: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_

Course credit(s) is (are) to be transferred to: \_\_\_\_\_  
School Name Phone Number

**Parent/Guardian Information**

**Father/Guardian Name:** \_\_\_\_\_ Living in home with student? Yes / No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact for tardy or absence? Yes / No

E-mail: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_ Living in home with student? Yes / No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact for tardy or absence? Yes / No

E-mail: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
Signature Date How did you hear about WBA? \_\_\_\_\_

<b>FOR OFFICE USE</b>	Deposit: \$ _____	Date paid: _____	Check# _____	Cash _____	CC _____
	Remaining balance of \$ _____	due by 05/17/19	Paid on _____	Check# _____	Cash _____
	Deposit: \$ _____	Date paid: _____	Check# _____	Cash _____	CC _____
	Remaining balance of \$ _____	due by 06/24/19	Paid on _____	Check# _____	Cash _____