



STUDY GROUP Registration Form

All Study Groups meet at 4845 Line Ave

STUDENT NAME: _____

AGE: _____ SCHOOL: _____ YEAR IN SCHOOL: _____

STUDENT CELL: _____ EMAIL: _____

PARENT: _____

ADDRESS: _____

MOM CELL: _____ DAD CELL: _____

MOM EMAIL: _____ DAD EMAIL: _____

COST: \$200 PER MONTH, YOU MUST NOTIFY US BY THE 25TH OF THE MONTH IF YOU WISH TO STOP ATTENDING THE STUDY GROUP AT THE END OF THE MONTH. THIS INCLUDES BASIC MATERIALS AND SUPPLIES NEEDED

SELECT METHOD OF PAYMENT

CREDIT CARD: PRORATED MONTHLY FEE DUE AT REGISTRATION, RENEWS AT THE BEGINNING OF EACH MONTH UNLESS WE ARE NOTIFIED BY THE 25TH OF THE MONTH THAT YOU WOULD LIKE TO SUSPEND MEMBERSHIP

NAME ON CARD: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

CVC CODE _____ ZIP CODE _____

CHECK: PAY IN FULL UPON REGISTRATION. CHECK MUST BE RECEIVED BY THE FIRST OF EACH MONTH.

CHECKS CAN BE MAILED OR DROPPED OFF (4845 LINE AVE, SHREVEPORT, LA 71106)

HOW CAN WE BEST ASSIST YOUR CHILD IN STUDY GROUP? _____

WHAT SUBJECT IS YOUR CHILD STRUGGLING MOST WITH? _____

ARE THERE ANY SPECIAL CIRCUMSTANCES WE NEED TO BE AWARE OF? _____

WHO REFERRED YOU TO AHA? _____

NOTICE: FROM TIME TO TIME, WE CAPTURE IMAGES OF STUDENTS FOR USE IN OUR MARKETING MATERIALS. IF YOU PREFER US TO NOT INCLUDE YOUR CHILD, PLEASE LET US KNOW BEFORE AHA PROVIDES OUR SERVICES.

SCAN OR EMAIL THIS FORM TO: ATHOMEACAD@GMAIL.COM