

Fame Well School

Registration Form

Child 1 _____ Grade: _____ Birthday __/__/__ School _____

Child 2 _____ Grade: _____ Birthday __/__/__ School _____

Mom's Mobil #: _____ E-mail: _____

Dad's Mobil #: _____ E-mail: _____

I, the undersigned, as the legal guardian of the student(s) above hereby granting authority to the staff of Fame Well School to render a judgment concerning medical assistance in the event of an emergency / accident in my absence. I agree not to hold FWS or its employees or contractors responsible in any way while any accident occurs during classes, travels, activities, performance and transportation. **Parent's Signature:** _____ **Date:** _____

Child 1		Child 2	
Classes	Tuition	Classes	Tuition
Total		Total	
Family Registration \$40.00		Total Amount \$	
Date:	Received by:		

(School's Copy)

Fame Well School-Enrichment Classes

Child 1		Child 2	
Classes	Tuition	Classes	Tuition
Total		Total	
Family Registration \$40.00		Total Amount \$	
Date:	Received by:		

(Parents' Copy)

TAX ID 76-0538473