

KAC REGISTRATION FORM

Office Use Only:	
Binder	QB

Student's Name Age (if under 18)

Class Name Product Code

Additional Student's Name Age (If under 18)

Additional Student's Class Name Age (If under 18)

CC Type	Credit Card Number	Security Code	Expiration Date
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New Customer Info

Email Address

Cell Phone Number	Emergency Phone Number
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Street	City	State	Zip code
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Allergies **NO Allergies**

Office Use Only:		Sending Check	Run on File	Switching Classes	Payment Plan	Credit	Refund
Needs to Pay	Free Trial	Wrong Amount	Needs Approval	Send Docs	Will Call Back		