

REGISTRATION FORM FOR CHILDREN & YOUTH (4 to 16 years old) Spring 2016 Session I (8 weeks)

Saturday Classes

Home Address:	Name:			
E-mail:	Home Address:			
Are you a current member of l'Alliance Française d'El Paso? Yes No How did you hear about our classes?	Best number to read	eh you:		
Fees Session Date Members Non-Member	E-mail:		-	
Fees Session Date Members Non-Member 8 weeks: 1hr30/wk. 1/16/8016 to \$120.00 \$180.00 3/5/2016 Jition Payments: PayPal (Log on to www.afofelpaso.com) or Check payable to: A.F.E.P. – 500 W. University Dr., PMB 213, El Paso, TX 79968 Jease Make sure your check has a complete address and phone number when mailing your enrollment form. Annual Membership: \$30.00 Single/\$40.00 Family If attending only one class, the cost is \$25 for 2 hours, payable at the beginning of class. Tuition is non-refundable after first day of class. For more information, contact Christiane (587-1789/cgomez@afofelpaso.com) or Michelle (497-5196/michelleagui.1@gmail.com, English or Spanish) Yes! Please enroll me for Fall Session I: Signature For AFEP Use Only	Are you a current m	nember of l'Alliance Franç	aise d'El Paso?	
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### Total Control of Payments: PayPal (Log on to www.afofelpaso.com) or	Session	Date	Members	Non-Members
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For AFEP Use Only	Yes! Please enroll me for I	Fall Session I:		
For AFEP Use Only	Signature			
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Teacher's Name:			raypai Cash	Date: