

# CASA ITALIANA LANGUAGE SCHOOL

## REGISTRATION FORM

Please Print

Fax: 202-638-4246

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STUDENT'S LAST NAME

FIRST NAME

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STREET ADDRESS

CITY

STATE

ZIP CODE

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HOME TELEPHONE

BUSINESS

FAX

E-MAIL

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CLASS LEVEL OR TITLE

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1<sup>ST</sup> CHOICE/DAY

2<sup>ND</sup> CHOICE/DAY

### REGISTRATION SUBJECT TO AGREEMENT BELOW

- **TUITION MUST BE PAID IN FULL AT TIME OF REGISTRATION**
- **Credit cards**, checks and cash are accepted
- A \$32 fee will be charged for **returned checks**
- **Late Registration** – Inquire with the office (202-638-1348)
- **Discounts:**
  - For 5% **family** discount inquire with the school office
- **Refunds** are given under the following circumstances:
  - The class is full at the time your registration arrives
  - The class is canceled due to insufficient enrollment (a minimum of 8 students per class is required)
  - The student notifies CILS in writing 5 business days prior to the start of class.

**Enrollment accepted on a first-come, first-serve basis**

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Date

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Signature

*WHITE – OFFICE COPY*

*CANARY – STUDENT COPY*