



# Elementary Course Registration Form

Please complete this registration form for consideration for our part-time elementary classes. After submitting this form, we will contact you to complete the enrollment process.

Elementary courses are \$80 per quarter. We reserve the right to cancel a course or portion of a course due to a lack of registration.

## Family Information:

Parent or Legal Guardian Name(s) \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

## Student Information

### Student #1:

Full Name: \_\_\_\_\_

Gender: male/female

Birth Date: \_\_\_\_\_

Grade: 2nd 3rd 4th 5th

Allergies: \_\_\_\_\_

What courses are you interested in this student taking?

Choice #1 \_\_\_\_\_

Choice # 2 \_\_\_\_\_

Choice # 3 \_\_\_\_\_

**To add additional students, please use the reverse side.**

Towle Institute  
PO Box 580 Hockessin, DE 19707  
Email: [information@towleinstitute.com](mailto:information@towleinstitute.com)

**Student #2:**

Full Name: \_\_\_\_\_

Gender: male/female

Birth Date: \_\_\_\_\_

Grade: 2nd 3rd 4th 5th

Allergies: \_\_\_\_\_

What courses are you interested in this student taking?

Choice #1 \_\_\_\_\_

Choice # 2 \_\_\_\_\_

Choice # 3 \_\_\_\_\_

**Student #3:**

Full Name: \_\_\_\_\_

Gender: male/female

Birth Date: \_\_\_\_\_

Grade: 2nd 3rd 4th 5th

Allergies: \_\_\_\_\_

What courses are you interested in this student taking?

Choice #1 \_\_\_\_\_

Choice # 2 \_\_\_\_\_

Choice # 3 \_\_\_\_\_