

VIA FAMILY REGISTRATION FORM

PARENTS' NAMES: Last _____ First _____
E-mail address (required for registration): _____
Cell #: _____ Home #: _____
Home address: _____
Emergency Contact: _____ Emergency Contact Phone: _____

FAMILY REGISTRATION FEE: The fee of \$45 is a **one-time payment per year per family to participate in any VIA courses or activities.**.. Please make check out to "VIA"

We have read the **Statement of Faith** and agree and understand that our child(ren) will be instructed according to the principles stated therein.

We have read, understand and agree with the **Code of Conduct and all related consequences** and agree to abide by the expectations therein.

I understand participation of any person - tutor, student, parent or volunteer - in any VIA class or activity can be terminated by VIA Admin any time for any reason at will.

I have read the VIA Policy Handbook and agree to abide by its contents.

Parent/Guardian's name: _____ Signature: _____ Date: _____

Student's Name: _____ Date of Birth: _____

Student's Signature: _____ Date: _____

Student's Name: _____ Date of Birth: _____

Student's Signature: _____ Date: _____

Student's Name: _____ Date of Birth: _____

Student's Signature: _____ Date: _____

All items below must be received in order to complete registration.

- Family Registration Form (this form) – signed (including \$45 check made out to VIA)
- Liability Waiver / Medical Release Form - signed
- Class Registration Form – filled out for each student
- Individual checks made out and payable to each individual tutor (mailed to VIA)

Please mail all items to: VIA, 10115 Highland Ridge Road, Corcoran, MN 55374