

## 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, 10600 Bechtold Rd., Corcoran, MN 55374