

# Fall 2006 Registration Form for 416 W. State St. Geneva, IL. 60134

I am registering for the \_\_\_\_\_ class on \_\_\_\_\_ at \_\_\_\_\_.  
(language) (day(s) of week) (time)

Register by Fax: Fax registration and credit card information to 630-578-0948.

Register by Mail: Mail completed form and payment to 416 State St. Geneva, IL. 60134

Please complete one form for each student. Make check payable to: **Foreign Language Network.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent name: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

We will confirm your registration via email.

## **AutoPay** (tuition is broken down into monthly payments)

I would like to sign up for AutoPay and have my credit card charged on the 1<sup>st</sup> of each month. I understand the tuition is pro-rated each month, therefore I will only be charged for the number of classes that meet each month. I understand that in order to cancel or suspend Autopayment, I must call the billing center at 630-377-8794 before the 1st day of the month.

\_\_\_\_\_  
(signature)

credit card information is kept confidential and only viewed by company owner.

**Credit Card Payment**      **Visa:** \_\_\_\_\_ **Mastercard:** \_\_\_\_\_

Cardholder: \_\_\_\_\_ Card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount: \_\_\_\_\_ or **Autopay**

Security Code (the three digit code on the back of your card) \_\_\_\_\_