



EXTRA-CURRICULAR ACTIVITY REGISTRATION FORM

Student Information:

Name: _____

Date of Birth: _____ Grade Level: _____ School: _____

Parent Information:

ENROLLED ISA STUDENT (SKIP NEXT PART)

Mother: _____ E-Mail: _____

Address: _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

Father: _____ E-Mail: _____

Address: _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

EXTRACURRICULAR CLASSES

Please check all that apply:

Weekday Classes **Saturday Classes**

Fall Session **Spring Session**

French I **French II** **Spanish I** **Spanish II** **Chinese I**

Chinese II **Chorus** **Chess** **Ballet/tap** **Hip-hop/Jazz**

Yoga **JumpBunch** **Tennis** **German I** **German II**

Guitar **Scrapbooking** **Other** _____

(Please see the corresponding class flyer for pricing, date & time information)

Please describe what experience your child has had with the class you are registering for:

Note any special needs, allergies or medical conditions that your child may have:

How did you hear about the ISA?

**Emergency
Contact:**

ENROLLED ISA STUDENT (SKIP NEXT PART)

Name: _____ **E-Mail:** _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

Payment information (please check)

***Payment is Due at time of registration: Applications submitted without payment will not be accepted.**

Check (check # _____) Use my credit card on file Use credit information below

Total amount: _____

Registration forms may be faxed, emailed, or mailed with payment to:

Fax: 480-663-6894 **email:** isa@isaz.org

Address: International School of Arizona
9128 E. San Salvador Drive
Scottsdale, AZ 85258

CREDIT CARD AUTHORIZATION FORM

I _____ authorize ISA to bill my credit card account.*

Circle Card Type: Visa MasterCard AMEX

Card Number: _____ (CVV2) _____

Expiration Date: _____

Billing Address: _____

Cardholder Name (**As it is written on the card**).

Signature

_____/_____/_____
Date

A 2% Credit Card Convenience Fee will be added to all credit card charges.

Office/Admin. Information:

Date of Enrollment: _____ Date of First Class: _____ Payment Check #: _____