

Name: First Name			
First Name	Middle Initia	1	Last Name
Address:No. & Street			Ant or D.O. Poy #
No. & Street			Apt. or P.O. Box #
City	State	County	Zip Code
Student E-mail Address:			
Last Name on Mailbox:			
Date of Birth (Required):	_//_	Gender:	🗋 Male 🔲 Female
School:			
Grade:	_ High School Gr	aduation Year:	
School City:		School County:	
Parent/Guardian 1: 🔲 Mother 🕻	🗋 Father 📋 Other	:	
Full Name:			
Home Phone: ( ) —		Cell: ( ) —	
Work Phone: ( ) —		E-mail:	
Parent/Guardian 2:  Mother	🗋 Father 📋 Other	:	
Full Name:			
Home Phone: ( ) —		Cell: ( ) —	
Work Phone: ( ) —		E-mail:	
Emergency Contact Full Name: _		Relation:	
Home Phone: ( ) —		Cell: ( ) —	

As the parent/guardian. I certify that the above student has my permission to participate in all CAFC scheduled programs. Should any incident occur involving improper conduct, he/she will be subject to disciplinary action that may result in expulsion.

Print Name of Parent/Guardian

The nonrefundable registration fee for CAFC Learning Center is \$50. This payment is due with the completed registration form.



Student Name:		Student ID:			
Section 1: Youth Program					
Java Program: 🛄 Level 1 🛄 Level 5		Level 3 🔁 Level 4			
USACO Program: 🔲 Bror	nze 🔲 Silver 🔲	Gold <b></b>			
Web Design: Course 1	Course 2	Course 3	urse 4		
Apps Program: Course 1 Course 2					
Section 2: Adulto Dreason					
Section 2: Adults Program					
Oracle Java Certifications Program:					
Entry Level	intermediate Level	Advancec	Advanced Level		
SAS Global Certifications Program:					
Entry Level	intermediate Level	Advancec	Advanced Level		
Adobe Design Program:					
Photoshop	Illustrator	📮 Indeisgn	Coreldraw		
Quickbook Program:					
Entry Level	intermediate Level	Advanced	Level		
Web Design Program:					
Entry Level	intermediate Level	Advanced Level			
Basic Computer Courses:					
-	Microsoft Eyes	Minorooft DowerDo	int		
Microsoft Word	Microsoft Excel	Micorsoft PowerPoint			