

# Class Registration Form

<b>Name of Student (s):</b>				
<b>Name of Parent (s):</b>				
<b>Address:</b>				
<b>Phone:</b>				
( w )		( h )		( c )
<b>E-mail:</b>				
<b>D.O.B. :</b>				
<b>Class Name:</b>				
<b>Method of Payment:</b>				
Credit Card:                      MCard                      Visa                      AMEX                      Discover				
Card: _____				Name on
Number: _____ Exp. _____				Card
_____ Check # :				

*Please fax or mail this form to:*

MPC  
Class Registrations  
30270 Rancho Viejo Road, Suite C  
SJC, CA 92675

**MPC Fax: (949) 248 – 7511**