



## 2010-2011 Registration Form\*

Date \_\_\_\_\_ VKDCNY Level \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent or Legal Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_

Student Cell \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

***PLEASE print clearly***

\_\_\_\_\_  
Signature (of parent if student under 18)

**\* Please include the \$50 Registration Fee**

**VKDCNY**

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