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85224

Registration 报名表

Student

Last Name: _____ First Name: _____

Date of Birth: _____ School: _____

Any Medical Condition(s) EAA Should know: _____

Parent

Name: _____ Home Phone: _____

Work Phone: _____ Cell phone: _____

Email Address: _____

Address: _____

Contact Person in Case of an Emergency

Name: _____ Phone: _____

Class(es)

Class _____ Class _____ Class _____

Class _____ Class _____ Class _____

*Registration Fee: \$20.00 for single student, \$10.00 for each additional family member.

Parent Print Name: _____

Parent Signature: _____ Date: _____

↓ EAA Use Only:

Tuition and Registration Fee Paid: Yes; No.

Payment Date: _____ Check No. : _____