

ISEE Preparation Workshop Registration Form

Student Name: _____

School attending _____ Grade _____

Name of Responsible Party: _____

Address: _____

Phone number: _____ E-Mail address: _____

PLEASE PRINT

Which of the ISEE preparation classes will your child be taking? (Please choose one.)

Please be sure to check the dates of the various classes listed on the website: <http://www.carolinechristensen.com/isee.html> for further details and class dates.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class 1A	Class1B	Class 2A	Class 2B	Class BC
ISEE	ISEE	ISEE	ISEE	ISEE
Sunday	Sunday	Saturday	Saturday	Fri., Sat., Mon., Tues.
11AM-1PM	1:30-3:30 PM	11AM-1PM	1:30-3:30PM	Noon - 4
(8 th grade)	(8 th grade)	(8 th grade)	(8 th grade)	(8 th grade)

Please record any additional comments you wish us to make note of regarding the student and his or her goals.

Payment enclosed for \$700 for Classes 1 and 2, both sections of each

Payment enclosed for \$550 for Boot Camp (Class BC)

Please make checks payable to *Caroline Christensen*. Confirmation will be emailed upon receipt. You can also pay with a credit card if you prefer. Please include the following:

Name on Card _____ **Card number** _____

Expiration Date _____ **CVC** _____ **Billing Zip Code** _____ *

Please drop off or mail to:

Caroline Christensen Attention: ISEE Registration
4101 Greenbriar Suite 205G Houston, Texas 77098

* If you do not wish to provide this information on the form, you are welcome to stop by my office and I will be happy to swipe your card. Just please text (713.256.7701) to make sure I will be there.