



BeYond Academy Registration Form

Program Name: _____ Time: _____

Student Information:

Student Name: _____ Gender: _____ Grade : _____

School: _____

Home Address:

Parent Information:

Mother/Guardian's Name: _____

Email: _____ Phone: _____

Father/Guardian's Name: _____

Email: _____ Phone: _____

Discounts (Applies to all the programs)

- Sibling Discount – 10% to the lower tuition
- Referral - both parties subject to 10%

FEE:

Contact:

Phone: 925-490-0070 (Main)

office@beyondacademyca.org

BeyondAcademyOffice@gmail.com

Parent's Signature: _____

Print Name: _____ Date: _____