



# Registration Form 2011

Program	<input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Other			Date Received:	
Student's Name	Last	Middle	First	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Native Language
Date of Birth	Month/ Day/ Year / /		Country of Origin	Nationality	
Student's Address	Street		City/Town	State	Zip Code Country
Student's Phone		Fax		Cell Phone	
E-mail		School/Company			
Type of Visa		Evaluate your English/Japanese proficiency	<input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent		
Health Problems/Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify if yes :					
Guardian's Name			Employer		
Guardian's Address					
Guardian's Phone		Cell Phone		E-mail	
Emergency Contact	Name		Phone	Cell Phone	Relationship
How did you hear about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Exhibition <input type="checkbox"/> From a friend <input type="checkbox"/> Brochure <input type="checkbox"/> Other ( )					
When do you want to start? <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec, 2011					
Classes	1)	2)	3)	4)	5)
I wish to register for the above classes. A check for the tuition and fees are attached.					
Breakdown of Tuition & Fees					
Registration Fee (\$) + Tuition (\$) + Textbooks (\$) = Total (\$ )					
<b>Financial Certification and Medical Authorization</b>					
I understand and acknowledge that the expense for attending KLC of Novi will be as indicated on this page. These include tuition and fees, but exclude personal expenses. I agree to be held legally responsible for all costs incurred by the applicant in connection with KLC of Novi. I understand that I must have health insurance and that I will pay all health expenses during my enrollment at KLC of Novi. Submission of this application constitutes an acceptance of the terms and conditions of enrollment included in the application package.					
_____ Signature of Student		_____ Date		_____ Guardian's Signature (If student is under 18)	
_____ Date		_____ Date			
Office Use Only	<input type="checkbox"/> Enrollment List <input type="checkbox"/> Mailing List				

**KLC of Novi**  
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\*Write checks payable to KLC of Novi.