

BE. ME.SM 2007 Registration

Mail to: Atlanta Center for Family Wellness, LLC, 1401 Peachtree St., Ste. 500, Atlanta, GA 30309, 404-550-9981 or fax registration to 404-475-4880

<i>Payment Options:</i>	<i>Discount</i>	<i>Price</i>
<input type="checkbox"/> Level I - Full Tuition Payment	\$100.00	\$465.00
<input type="checkbox"/> Level I - Partial Tuition Payment (3 installments)	NA	\$166.11
<input type="checkbox"/> Level II - Full Tuition Payment	NA	\$465.00
<input type="checkbox"/> Level II - Partial Tuition Payment (3 installments)	NA	\$166.11
<input type="checkbox"/> Level III - Full Tuition Payment	NA	\$465.00
<input type="checkbox"/> Level III - Partial Tuition Payment (3 installments)	NA	\$166.11

Student's Name

Parent's Name

Address

Home Phone

Cell Phone

Method of Payment:

- Check Money Order
 Bill Me

My child has permission to participate in the BE. ME.SM program. I waive any right to claim against BE. ME.SM owners, staff, and mentors in the event of accident, injury or loss of personal items. In the event photographs are taken which include my child, I grant ACFW the right to use photographs and/or likeness of my child in their promotional materials including videos, photos, and display boards. I understand there will be no compensation to my child or myself. I agree to pay tuition in advance for my child's enrollment. I have read the ACFW policies and procedures included in this brochure.

PARENT/GUARDIAN (Sign here)

Atlanta Center for Family Wellness, LLC

1401 Peachtree Street, suite 500

Atlanta, GA 30309

(P) 404-550-9981

(F) 404-475-4880

Email: ac4fw@bellsouth.net