



# Holly Ridge Center

*A Place of Hope for Children and Adults with Differing Abilities*

## STARS Registration Form

**Note: Please call to reserve your space in the class**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Primary Phone Contact: \_\_\_\_\_ Work Phone/other: \_\_\_\_\_

Child Care Setting: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Class Title: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_ Date(s) of Class: \_\_\_\_\_

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Method of Payment:

Cash on day of class

Check

Enclosed  On day of class

Credit Card:  Visa  Mastercard

Amount: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_

Signature as it appears on card: \_\_\_\_\_