

Bright Stars Reading Club Enrollment Form

714 East Manchester Blvd. Inglewood, CA 90301

Phone: (310) 673-READ Fax: (310) 673-7318

E-Mail: info@brightstarsreadingclub.com Website: brightstarsreadingclub.com

Please fill out this enrollment form completely. (Please Print.)

PERSON PAYING:

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip Code: _____

Home #:() _____ Cell #: () _____

Month: _____ New: _____ Returning: _____

Child's Name	Grade	Birthday	Fee
		Total Due	

Please make check or money order payable to: Bright Stars Reading Club. Mail-in registration will be accepted with payment prior to the first class of each month. Send to: Bright Stars Reading Club P.O. Box 4544 Inglewood, CA 90309. Cash payments are accepted in person. A \$25.00 fee will be charged for all returned checks.

I certify that the above statements are true and complete to the best of my knowledge. I agree to abide by all rules and regulations governing this program and agree to relieve the Bright Stars Reading Club and its agents from all liability associated with this program.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Payment Received:

Check#: _____

M.O.: _____

Cash: _____

Staff Member Processing Registration

Receipt #: _____

Date: _____