

PLEASE PRINT • Completion of all fields is required in order to process your enrollment.

All personal information is kept confidential and is for internal use only.

Mrs. Ms. Miss Mr. Dr.

Last Name _____ First _____ Middle Initial _____

1st Name you go by (if different from above) _____ Birth Date (Month/Day only) _____ / _____

How would you like your name to appear on your certificate? _____

Email _____

(Please provide us with the email address at which you prefer to be contacted.)

Home Address (not school) _____

(we cannot ship class materials to a PO Box)

City _____ State _____ Zip _____ County _____

Home Phone (_____) _____ Cell Phone (_____) _____

Have you ever taken a class with Neuhaus Education Center? Yes * No

* If yes and you could be listed under another last name or school, what would that be? _____

PROFESSIONAL INFORMATION:

Current Position _____ Grade Level _____

School District _____

School: _____

Please indicate which online class(es) you will complete:

	Class Dates	Class Cost	Total
<input type="checkbox"/> Developing Accuracy & Fluency	_____	\$90	_____
<input type="checkbox"/> Developing Vocabulary for Reading	_____	\$75	_____
<input type="checkbox"/> Language & Literacy for Young Learners	_____	\$50	_____
<input type="checkbox"/> Language Enrichment	_____	\$780	_____
<input type="checkbox"/> Multisensory Grammar	_____	\$75	_____
<input type="checkbox"/> Multisensory Grammar-Advanced ‡	_____	\$70	_____
<input type="checkbox"/> Oral Language & Listening Comprehension (formerly Reading Comprehension)	_____	\$85	_____
<input type="checkbox"/> Reading Readiness	_____	\$200	_____
<input type="checkbox"/> Scientific Spelling	_____	\$95	_____
<input type="checkbox"/> Scientific Spelling-Advanced ‡	_____	\$50	_____
<input type="checkbox"/> Written Composition Fundamentals	_____	\$50	_____
GRAND TOTAL			=====

‡ required prerequisite

- Please send registration form and payment at least **two weeks prior** to class start date.
- Class fees are not refundable. You may reschedule once with seven (7) days notice prior to class start date.

Payment:	<input type="checkbox"/> Check	<input type="checkbox"/> Purchase Order (attach copy of PO)	<input type="checkbox"/> Visa Card	<input type="checkbox"/> Master Card
Date _____	Account No. _____	Exp. Date _____		
Name on Card _____	Signature _____			