

CLA Program Registration Form

Student Name: _____

Grade in Fall: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent/Guardian Names: _____ Relationship: _____

Phone: _____ Email: _____

Program(s) of Interest (You may write any programs not in any of our flyers):

School subjects/courses, standardized test, competitions participated **last year**

School subjects/courses, standardized test, competitions participated **this year**

School subjects/courses, standardized test, competitions planned for the **next year**

Signature _____ Date: _____

After completing this form, please send this with non-refundable registration fee of \$10 to:

Complete Learning Academy
135 Cumberland Road, Suite #201
Pittsburgh, PA 15237-5447

If you have questions, please stop by, email us at cla@clacenter.com , or call us at 412-701-1011