



ACCOUNT INFORMATION

Parent's Name(s): _____

Billing Address	

Phone		Do you wish to receive Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Do you wish to receive Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address	Email 1:	
	Email 2:	
	Your email address is used for the sole purpose of correspondences with SDCA. All Invoices and Statements will be sent to the email address you have provided and will not be mailed.	

Signature: _____

Date: _____

Signature: _____

Date: _____

*This information is updated periodically. Please keep us informed of any changes by filling out this form.