



Enrollment Form

Participant Name: _____

Guardian Contact Name: _____

Address: _____

Phone Number: _____ E-mail _____

Annual Registration Fee - \$100

Refundable for non-qualifying applicants--see criteria

(We accept credit/debit cards, check and money orders. No Cash)

Fee Schedule

8:00 a.m. – 5:00 p.m.

4 days a week Monday-Thursday

\$300/month

2 days a week (T,TH or M,W)

\$200/month

Please fill out and return to: EFEA, 300 N. Dean Road Suite 5-177
Auburn, Alabama 36830