

**SELAH LEARNING CENTER  
APPLICATION FORM 2010 - 2011**

Parents' Names \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail Address \_\_\_\_\_(please print clearly)

*Please list all study halls for each child, in addition to his / her classes.*

**PLEASE NOTE: Students will only be considered for Study Halls listed on this form!!!**

1. Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
(First & Last) (M/D/Y) (as of 9/10)

Period	Course Code	Course Name (include Study Halls)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____

2. Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
(First & Last) (M/D/Y) (as of 9/10)

Period	Course Code	Course Name (include Study Halls)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____

3. Student's Name  
(First & Last)

Birth date (M/D/Y)    Grade (as of 9/10)

Period	Course Code	Course Name (include Study Halls)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____

*Please use a separate sheet of paper for additional students.*

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**PLEASE COMPLETE:**

**YES    NO (Please circle one.)** I am willing to volunteer at SLC in some capacity. If yes, please indicate ways you would be willing to help. \_\_\_\_\_

**Payment preference (please check one):**

\_\_\_\_\_ Please bill us for the full amount of tuition payment due in August 2010.

\_\_\_\_\_ Please bill us for tuition according to the Tuition Payment Plan.

\_\_\_\_\_ I will be contacting you by \_\_\_\_\_ (indicate date, no later than 8/23/10) to discuss an alternate payment plan.

Registration Fee due with this application (Non-Refundable)	\$ <u>50.00</u>
SELAH Membership Fee (\$25) See note on <a href="#">page 18</a> .	_____
Late fee of \$10 if application is postmarked after August 30.	_____
Total enclosed	\$ _____

**Make checks payable to SELAH**

**Send payment to:    SELAH Learning Center  
238 S. Broad Street  
Nazareth, PA 18064**

**If you have any questions, please contact Opal Williams, Director,  
at [okw@aol.com](mailto:okw@aol.com) or 610-759-7745 or 610-451-3935.**

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For office use only:

Date Rec'd \_\_\_\_\_ PMT \_\_\_\_\_ NO \_\_\_\_\_ FN \_\_\_\_\_ QB \_\_\_\_\_ MS \_\_\_\_\_ CL \_\_\_\_\_ EML \_\_\_\_\_