



SelfDesign Global Registration Form

About The Family

Parent/Legal Guardian's Name: _____

Relationship: _____ Email: _____

Day Phone: (_____) _____ Mobile Phone: (_____) _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Parent/Legal Guardian's Name: _____

Relationship: _____ Email: _____

Day Phone: (_____) _____ Mobile Phone: (_____) _____

Address (if different): _____

How did you hear about us? _____

Why do you think SelfDesign will be a good fit for your family?

Language Used: English – Written: Yes No Spoken: Yes No

If no, please indicate language used at home and level of ability in English:

Describe your computer equipment and internet access capabilities:

About Learner 1

Complete Legal Name: _____

Usual First Name: _____ Email: _____

Day Phone: (_____) _____ Mobile Phone: (_____) _____

Address (if different): _____

Birth Date: _____ Birth Place: _____ Gender: M F

Learning Program Selected: _____

About Learner 2

Complete Legal Name: _____

Usual First Name: _____ Email: _____

Day Phone: (_____) _____ Mobile Phone: (_____) _____

Address (if different): _____

Birth Date: _____ Birth Place: _____ Gender: M F

Learning Program Selected: _____

About Learner 3

Complete Legal Name: _____

Usual First Name: _____ Email: _____

Day Phone: (_____) _____ Mobile Phone: (_____) _____

Address (if different): _____

Birth Date: _____ Birth Place: _____ Gender: M F

Learning Program Selected: _____

Preferred Payment Option: _____

Signature: _____ **Date:** _____

Email as an attachment to info@selfdesign.com (or) print and then fax to 877-353-3374