



203-792-1333
Barbarie Square
45 Padanaram Road
Danbury, CT 06811
www.ThayerDriverEd.com

Safe Driving Practices Program

Fees:

Eight -hour Safe Driving Practices \$ 99.00

Optional – service available

Driving hours \$65.00 each



Return Registration Form & Credit Card # to: Herzog Thayer Driver Ed

Visit our website at www.ThayerDriverEd.com

CLASSES MUST BE COMPLETED WITH IN 3 MONTHS OF THE FIRST CLASS ATTENDED

****Classes are held on Saturdays 8AM - 12PM. You must attend two Saturdays in a row to complete the program.****

Start Date: _____ **Permit #** _____ **Permit Date:** _____

NAME: _____ DATE OF BIRTH: _____

STREET: _____ CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ HIGH SCHOOL: _____

CELL PHONE: _____ E-MAIL: _____

REMINDER: Payment in full is due at time of registration	FEES	PAID
Class	\$ 99.00	<input type="checkbox"/>
_____ Optional: Driving hours @\$65 per hour	\$	<input type="checkbox"/>
TOTAL PAID:		

CASH CREDITCARD DEBITCARD ACCOUNT #:

EXP:

Cash or Charge only – NO CHECKS

THAYER DRIVER EDUCATION CENTER

www.ThayerDriverEd.com

Phone 792-1333/Fax 792-1332

PARENT AGREEMENT

This health information must be returned before the student has his/her first driving hour.

I give permission for (Student's name) _____
to take Driver Education classes. I understand that all scheduled driving times must be kept and that failure to keep a scheduled appointment without 24 hours advance notification will result in a charge of \$35.00 per hour. Also, I understand that if my child shows up for a scheduled appointment and does not have their Learner's Permit with them I will also be charged a fee of \$35.00 and my child will not be able to drive. In addition, I understand that all classes and driving hours must be completed within one year of registration or 3 months for Drug and Alcohol Program.

My Child has my permission to drive in a vehicle with another Student. Yes No
Please Initial your answer _____

_____ Signature (Parent/Legal Guardian)	_____ Telephone Number	_____ Date
_____ Print Name	_____ Relationship	

1) Please check below any handicaps or limitations that the student may have:

Serious illness	<input type="checkbox"/>	Heart condition/murmur	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>
Vision problems	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
Handicapped	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>

If you have checked "Yes" to any of the above, please explain:

2) Does the student take any medication regularly? Yes No

If yes, what is it? _____

EMERGENCY CONTACT: _____ PHONE # _____

Over→