



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

Summer 2017

- Fees: Option 1** Full Program: Eight (8) one-hour lessons by appointment and 30 hours Classroom time \$ 595.00
- Option 2** Full Program: Ten (10) one-hour lessons by appointment and 30 hours Classroom \$ 700.00
- Optional – Additional services available:**
- Each additional driving hour: \$ 65.00
- Off-site test processing fee \$ 50.00

DMV now requires 40 hrs of on road training between parents/driving school

Return Registration Form & Check made payable to: Herzog Thayer Driver Ed

Visit our website at www.ThayerDriverEd.com

“Classes are held Monday, Tuesday, Wednesday and Thursday.”

**If DMV Driving Test dates conflict with any of the morning classes then that class will be held in the afternoon 2:00 to 4:30.*

CREATE YOUR OWN SCHEDULE-CHOOSE ONE WEEK FROM EACH COLUMN

Please choose if you want morning - 8:30AM - 11:00AM or night – 5:30PM – 8:00PM

- | | | |
|--|---|--|
| <p>Week 1</p> <p><input type="checkbox"/> June 26-29th <input type="checkbox"/> AM or <input type="checkbox"/> PM</p> <p><input type="checkbox"/> July 17-20th <input type="checkbox"/> AM or <input type="checkbox"/> PM</p> <p><input type="checkbox"/> August 7-10th <input type="checkbox"/> AM or <input type="checkbox"/> PM</p> | <p>Week 2</p> <p>A <input type="checkbox"/> July 3, 5,6,7 <input type="checkbox"/> AM or <input type="checkbox"/> PM</p> <p>B <input type="checkbox"/> July 24-27th <input type="checkbox"/> AM or <input type="checkbox"/> PM</p> <p>C <input type="checkbox"/> August 14-17th <input type="checkbox"/> AM or <input type="checkbox"/> PM</p> | <p>Week 3</p> <p>A <input type="checkbox"/> July 10-13th <input type="checkbox"/> AM or <input type="checkbox"/> PM</p> <p>B <input type="checkbox"/> July 31-Aug 3rd <input type="checkbox"/> AM or <input type="checkbox"/> PM</p> <p>C <input type="checkbox"/> August 21-24th <input type="checkbox"/> AM or <input type="checkbox"/> PM</p> |
|--|---|--|

NAME: _____ DATE OF BIRTH: _____

STREET: _____ CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ HIGH SCHOOL: _____

CELL PHONE: _____ E-MAIL: _____

PERMIT # _____ PERMIT DATE : _____

REMINDER: A deposit of at least \$300 is due at time of Registration	FEES	PAID
Option 1: Class & 8 Driving hours:	\$595.00	<input type="checkbox"/>
Option 2: Class & 10 Driving Hours	\$700.00	<input type="checkbox"/>
Off-site test processing fee:	\$ 50.00	<input type="checkbox"/>
_____ Optional additional driving hours @ \$65 per hour:	\$	<input type="checkbox"/>
TOTAL PAID:		

CASH CHECK CREDITCARD DEBITCARD ACCOUNT #: _____ EXP: _____

NO REFUNDS WILL BE GIVEN AFTER THE START OF CLASSES/ Balance MUST be Paid by the end of the classroom portion of the Program.

HERZOG 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 # _____