



REGISTRATION FORM

Student Name _____ Name Student Goes By _____

Address _____

City _____ State _____ ZIP _____ Email _____

Primary phone _____ Secondary phone _____

Student Gender _____ Date of Birth _____ Age _____ Grade _____

School (or Home School) _____

Parent or Guardian _____ Emergency Contact Person _____

Emergency Contact Number _____ Second Emergency Number _____

Enter anyone other than yourself whom we may contact in case of emergency, and their numbers:

Medical Info

Allergies _____

Medications _____

Reason for Medication _____

Other Pertinent Info _____

Dietary Restrictions _____

Preferred Class Dates

Morning classes are for children ages 6-9; Afternoon classes are for children 10-13. Limit of 10 students per class.

MORNING (10-12:30)

- ___ June 21-25
- ___ June 28 - July 2
- ___ July 12-16

AFTERNOON (1:30-4:00)

- ___ June 21-25
- ___ June 28 - July 2
- ___ June 21-25

OFFICE USE ONLY

___ Fees Paid Date _____ Method _____ Check # _____