

## Registration Form

Preferable class: \_\_\_\_\_ Time: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Student's School Name: \_\_\_\_\_

**Please mail this registration form and a \$30.00 registration fee to school to insure placement for your child.**