



## Registration Form 2007-2008 School Year

Child's Surname	First Name	Gender (M/F)	Date of Birth (mm-dd-yyyy)	Age
1.				
2.				
3.				
4.				

### Parents/Guardians

Names	1. _____
	2. _____
Address: _____	
City: _____	Zip Code: _____
Telephone: _____	Email: _____
Emergency Telephone: _____	Emergency Contact: _____

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (mm-dd-yyyy)

\_\_\_\_\_  
Signature of School Registrar

\_\_\_\_\_  
Date (mm-dd-yyyy)

### Administrative Use:

First Name	Class	Day	Time	Fee
1.				\$
2.				\$
3.				\$
4.				\$
Total Fee				\$

<b>Payment Received:</b>	Check No.	Check Amount	Check date
Cash	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____
	5. _____	_____	_____
Total Payment:		_____	_____