



Registration Form 2008-2009 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				\$

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