

DATE RETURNED _____ AMOUNT RECEIVED _____
TIME RETURNED _____ AMOUNT REFUNDED _____
DATE _____

DO NOT WRITE ABOVE THIS LINE

STUDENT NAME _____
Last First (Please Print)

CURRENT SCHOOL _____ CURRENT GRADE _____

PARENT NAME _____
(PLEASE PRINT)

ADDRESS _____ CITY _____

HOME TELEPHONE _____ WORK TELEPHONE _____

E-MAIL ADDRESS _____

COURSE
TITLE _____ DATES _____ TIME _____

COURSE
TITLE _____ DATES _____ TIME _____

COURSE
TITLE _____ DATES _____ TIME _____

COURSE
TITLE _____ DATES _____ TIME _____

NOTE: If any of the above courses are filled, please register my child for these
Alternate courses:

ALTERNATE
COURSE (1) _____ DATE _____ TIME _____

ALTERNATE
COURSE (2) _____ DATE _____ TIME _____

I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES
ASSOCIATED WITH THESE CLASSES.

PARENT/GUARDIAN
SIGNATURE _____

DATE _____