



Registration Form

Child's Information

Name _____

Date of Birth _____ Date to Start _____ Class _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

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Date: _____

Registration of \$ _____ Paid on (date) _____

Confirmation Sent (date) _____

Staff Name & Title (print) _____

Staff Signature _____