



## REGISTRATION FORM

STUDENT'S NAME: \_\_\_\_\_

PARENTS OR GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE OF STUDENT: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MOTHER'S CELL PHONE \_\_\_\_\_

ADDITIONAL EMERGENCY  
PHONE NUMBER

FATHER'S CELL PHONE \_\_\_\_\_

DAY AND TIME PREFERRED \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PLEASE INDICATE ANY PHYSICAL OR MENTAL DISABILITIES: \_\_\_\_\_

\_\_\_\_\_

PARENT'S EMAIL ADDRESS \_\_\_\_\_

Please print this form and mail with deposit to address below.

Deposit: Ages 6-14 = \$30.00 Ages 15 & Up = \$45.00\*

\*Includes classroom sketch board

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