

Fall 2010 Registration

Today's Date _____

Class Request Day _____ Time _____

Child's Name _____ Birthdate _____

Father's Name _____ Father's cell _____

Mother's name _____ Mother's cell _____

Address _____ City _____ Zip _____

Home phone _____ E-mail _____

In case of emergency the person other than the parents to be notified:

Name/relationship _____

Emergency phone _____

Any allergies or special concerns we need to know for the safety of your child
