



Child Registration Form

Name of Class: _____

Class Start Date: _____

Child's Name: _____

Age: _____ Date of Birth: _____ Current School Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

In Case of Emergency, contact:

Name: _____ Relationship: _____ Phone: _____

Allergies or other medical conditions: _____

Requesting a scholarship?: _____

If yes please fill out the Scholarship Request Form.

For Office Use

Class Cost: _____

Scholarship – yes / no _____%

Amount paid- \$_____