

Office Use Only: _____

Date Received

Payment Received

Class Assigned: _____

***Pre-Registration
24-25***

Registration Fees are Non-Refundable

Child's Name: _____ M: _____ F: _____

Parents' Name

Mother: _____

Father: _____

Child's Date of Birth: _____

Address: _____

City: _____

Zip: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Alternate Email: _____