



Student's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

*(Please label phone numbers - whose phone, cell, etc.)*

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Yrs Previous Study \_\_\_\_\_ DOB \_\_\_\_\_ School Grade \_\_\_\_\_

School \_\_\_\_\_

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**Additional Registered Children**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Yrs. Study \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Yrs. Study \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Yrs. Study \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_