

Student Registration Form

Parent/Guardian's Name _____

Phone # _____ Cell # _____

Child's Name _____

Address _____

Age or Last School Grade Attended _____

Allergies or medical concerns _____

Child #2 Name _____

Address if different from above _____

Age or last school grade attended _____

Allergies or medical concerns _____

Child #3 Name _____

Address if different from above _____

Age or last school grade attended _____

Allergies or medical concerns _____

Child #4 Name _____

Address if different from above _____

Age or last school grade attended _____

Allergies or medical concerns _____
