

Registration Form

Parent Information

Father First Name _____

Mother First Name _____

Father Last Name _____

Mother Last Name _____

Home Address: Street _____, City _____,

State _____ Zip _____ Home Phone /Cell : _____,

Email: _____

Student Information

First Name _____

Girl _____

Boy _____

Last Name _____

Class(es) To Take

[6:00pm --- 7:00pm, Friday] _____

[7:00pm --- 8:30pm, Friday] _____

[6:00pm --- 8:00pm, Friday] _____