

Student Information (Please Print Legibly)

1. Student Full Name: _____

2. Date of Birth: _____

3. Grade (as of fall, 2010): _____

4. School: _____

5. Parent/Guardian Name(s): _____

6. Parent/Guardian Email Address: _____

7. Home Address: _____

8. City, State, Zip: _____

9. Parent/Guardian Mobile Phone Number: _____

10. Parent/Guardian Home Phone Number: _____

11. Emergency Phone # & Contact Name: _____

12. If classes are cancelled, who should we contact (Name & Number):

13. Known Allergies (food, medication, etc.): _____

14. Any important information we should be aware of (medical issues, disabilities, learning or physical disabilities, special needs, etc.):

Classes Enrolling In:

1. _____

2. _____

3. _____

4. _____