



Registration Form		Payments	
Student's Name:		1 <sup>st</sup>	
Age:		2 <sup>nd</sup>	
Grade in Sept.:		3 <sup>rd</sup>	
Address:		4 <sup>th</sup>	
Parent's Name(s):		5 <sup>th</sup>	
Home #:		6 <sup>th</sup>	
Cellular #:		7 <sup>th</sup>	
E-Mail Address:		8 <sup>th</sup>	
		9 <sup>th</sup>	
		10 <sup>th</sup>	

Class:		Class:	
Day:		Day:	
Time:		Time:	
Teacher:		Teacher:	
Class:		Class:	
Day:		Day:	
Time:		Time:	
Teacher:		Teacher:	