



Registration 2020

Register by Class Number
Summer / Fall

Name: _____ Age: _____

Address: _____ D.O.B. _____

Grade: _____

Phone: _____ Cell: _____

Email: _____

Summer Class(es): _____

Fall Class(es): _____

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31	32	33
34	35	36	37	38	39	40	41	42	43	44
45	46	47	48	49	50	51	52	53	54	55
56	57	58	59	60	61	62	63	64	65	66

Parent Signature: _____