

email address _____ \$ per month _____

_____ day _____ city _____ class time

Parent's last name _____ first _____

student's name/birthdate _____ grade _____ age _____

2nd student's name/birthdate _____ grade _____ age _____

3rd student's name/birthdate _____ grade _____ age _____

address _____ city _____ zip _____

phone number _____ Emergency number _____

Does your child have any special medical needs? Asthma or allergies?

August _____ cash or check _____

September _____ cash or check _____

October _____ cash or check _____

November _____ cash or check _____

December _____ cash or check _____

January _____ cash or check _____

February _____ cash or check _____

March _____ cash or check _____

April _____ cash or check _____

email address _____ \$ per month _____

_____ day _____ city _____ class time

Parent's last name _____ first _____

student's name/birthdate _____ grade _____ age _____

2nd student's name/birthdate _____ grade _____ age _____

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