



REGISTRATION FORM 2016-2017

**Student Information:**

Student Name \_\_\_\_\_

Birthday \_\_\_\_\_ Student Cell \_\_\_\_\_

Student Email (if applicable) \_\_\_\_\_

Allergies \_\_\_\_\_

Physical/learning disabilities \_\_\_\_\_

**Parent Guardian Information:**

Parent/Guardian \_\_\_\_\_

Parent home phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email \_\_\_\_\_

**Office Use Only:**

Student Level \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Class Card

Notes \_\_\_\_\_

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