



Parent(s) Name(s): _____
Child's Full Name: _____ Gender: F / M DOB: ____ / ____ / ____
Home Phone: _____ Cell: _____
Best time to call: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Parent 1 Email: _____ Parent 2 Email: _____

SCHEDULE

Start Date: _____

Days: M T W Th F

Hours: From _____ to _____

EMERGENCY CONTACT

Name: _____

Phone: _____

Parents' Occupations _____

REGISTRATION APPLICATION SIGNATURE

I understand that filling out this application does not guarantee admission. This form must be accompanied by a check, Zelle Payment or Cash in the amount of *\$100.00. The application fee is not refundable. If space is not available, the application will be placed into our waiting list in the order in which it was received.

Parent Name or Guardian _____

Signature: _____

Date: _____