

2019 Fall Registration

**Family Information**

Parents Name:

Address: City: Zip: Best Contact Number:

Email:

**Student Information**

Student’s Name: Age: DOB:

**Classes**

Class Name: Day / Time:

Class Name: Day / Time:

Class Name: Day / Time:

Parent Signature: Date:

PLEASE MAKE CHECKS PAYABLE TO: **Kristine Renyer**

**Office Use Only**

**New Session / New Student Registration Fee $20.00**

**Check # Cash**