

REGISTRATION FORM

Home Phone w/area code _____

Participant's Last Name _____ First Name _____

E-mail address _____

Address _____ City _____ Zip Code _____

Parent Names (if participant is a child) _____ Work Phone _____

If child, Birth Date & Age _____ If child, School _____ Current Grade _____

CLASS # _____ CLASS TITLE _____ FEE _____

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Sibling Care or Child Care Needed with class (when available, as noted)

Course # _____ Fee \$ _____ Child Name _____ Birth Date _____

Child Name _____ Birth Date _____ Child Name _____ Birth Date _____

Payment: Check Cash MasterCard/VISA# _____ - _____ - _____ - _____ Exp _____

Signature _____

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