

FALL REGISTRATION
Classes start September 13th

Parents Name (Required) _____

*Please fill out if account information has changed or check the box if information is the same.

Same

Cell Phone _____ Email _____

Address _____

*If you are taking advanced rec classes, please just write advanced rec and the age group. You do not need to list all 6 classes.

Child's Name: _____ **D.O.B:** _____ **Age:** _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Child's Name: _____ **D.O.B:** _____ **Age:** _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Child's Name: _____ **D.O.B:** _____ **Age:** _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

