

STUDENT INFORMATION

Student Name: _____

Age: _____

Address: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Parent / Guardian Name: _____

Parent / Guardian Ph. #: _____

Emergency Contact Name: _____

Emergency Contact Ph. #: _____

Student Allergies and / or Medical Conditions:

Class Day & Time: _____

How did you hear about us? _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Office Information Only

Reg. Fee Ck#: _____ Date: _____

1st Session Ck#: _____ Date: _____