



Current Student Registration

PLEASE PRINT - One student per form, please. Duplicate as necessary.

For office use only:	date	Check #	amt
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Student's Name: _____ Prefers to be called _____ Mom's name _____

CLASS SELECTION	Age/Grade	Class Code (i.e., Ballet I)	Day/Time
First Choice			
Second Choice			

Academic School: _____ Grade 2008-09: _____ homeschooled? _____

Is student participating in other physical activities or hobbies outside of regular school hours this next year? If so, what? How much time is involved?

ONLY fill out any information THAT HAS CHANGED in the last year.

Complete Mailing Address _____

Home Phone: () _____ Student's Cell Phone: () _____ Student's E-mail: _____

Church: _____ Affiliation: _____

- Mother/Guardian -

- Father/Guardian -

Mailing Address	Mailing Address
Place of Employment	Place of Employment
Home Phone – <i>with area code</i>	Home Phone– <i>with area code</i>
Work Phone – <i>with area code</i>	Work Phone – <i>with area code</i>
Cell Phone/Pager – <i>with area code</i>	Cell Phone/Pager – <i>with area code</i>
E-mail	E-mail

List ONLY medical information that is new since last year.

Describe any injuries or surgeries in the last year _____

Any emotional or behavioral conditions? _____

Any presently existing or persistent condition/infection? (i.e., asthma, bursitis, etc.) _____

Please list any medications student is currently taking _____

Any other information we should be aware of? _____

Please complete this form and bring with you, along with a \$45 registration fee, when you register.