STUDENT REGISTRATION 2022/2023

STUDENT NAME_____ TEACHERS NAME_____

STUDENT DOB_____ TEACHERS NAME_____

FOOD ALLERGIES_____

PARENT NAME_____ 2ND CONTACT_____

ADDRESS_____ ADDRESS_____

_____ _____

EMAIL_____ EMAIL_____

TELEPHONE #_____ TELEPHONE#_____

DL#/EXP DATE_____ DL#EXP DATE_____

EMERGENCY CONTACT:_____

ROOM/TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	SATURDAY