

Registration Application for the Year  
September 2016 to August 2017

Child's Name ----- M/F -----  
(First) (Middle) (Last)  
Address -----  
(Street) (City) (State) Zip  
Home Phone ( ) ----- Date of Birth ----/----/---- Age --  
Is your child currently attending another school? -----  
If yes, Name and location of the school -----  
Language spoken at home -----

Father's Name ----- Home Phone -----  
Home  
Address -----  
(Street) (City) (State) Zip  
Occupation -----

Employer's Name -----  
Address -----  
(Street) (City) (State) Zip  
Work Phone ( ) ----- EXT: -----  
Cell ( ) -----

Mother's Name ----- Home Phone ( ) -----  
Home  
Address -----  
(Street) (City) (State) Zip  
Occupation -----  
Employer's Name -----  
Address -----  
(Street) (City) (State) Zip  
Work phone ( ) ----- Ext.-----  
Cell ( ) -----

PLEASE comprise THE NONREFUNDABLE \$50 REGISTRATION FEE WITH  
THIS FORM. This will secure your name on our waiting list.  
Where did you hear about us? -----  
Your Email address -----