

~~~~~CLASS REGISTRATION SHORT FORM~~~~~

If you have registered before using the LONG FORM

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child(ren)'s Name(s) registering for class:      Program/Class title and date:

1.) \_\_\_\_\_ Age \_\_\_\_\_

2.) \_\_\_\_\_ Age \_\_\_\_\_

3.) \_\_\_\_\_ Age \_\_\_\_\_

Total Class Fees:      \$ \_\_\_\_\_

I would like to provide a scholarship  
for a parent and child. Amount of scholarship donation:      \$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED:      \$ \_\_\_\_\_

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