



**SUMMER REGISTRATION 2009
CONFIDENTIAL**

STUDENT'S NAME: _____

BIRTH DATE/AGE: _____

ADDRESS: (street) _____

(city) _____ **(state)** _____ **(zip)** _____

HOME TELEPHONE NUMBER: _____

EMAIL ADDRESS _____

MOTHER'S NAME: _____ **WORK PHONE:** _____

FATHER'S NAME: _____ **WORK PHONE:** _____

CELL PHONE: _____

EMERGENCY NUMBER AND CONTACT: _____

MEDICAL INFORMATION: (allergies, asthma, contact lens, recurring injuries, etc.)

Princess Week _____ **Tuition:** _____

Intensive _____ **Check #:** _____

Summer Program _____ **Date:** _____

Notes: