



Student Registration

Student's Name _____
Last First Middle

Phone _____ Email _____

Address _____
Street City State Zip

Date of Birth _____ Social Security Number _____

Male _____ Female _____ Ethnicity (optional) _____

Notify in case of Emergency

Name _____ Relationship _____

Address _____
Street City State Zip

Cell phone _____ Home Phone _____

Work Phone _____ Other _____



Parent/Guardian

Name _____ Relationship _____

Address _____
Street City State Zip

Employment _____

Cell phone _____ Home Phone _____

Work Phone _____ Email _____

Parent/Guardian

Name _____ Relationship _____

Address _____
Street City State Zip

Employment _____

Cell phone _____ Home Phone _____

Work Phone _____ Email _____



Who is allowed to pick up your child?:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Session Sign Up

Year: _____

Homeschool Co-op

Individual Courses

Umbrella School

**After-School/
Summer Camp**

___ Session I - Fall

___ Session I - Fall

___ Session I - Fall

___ Session I - Fall

___ Session II - Spring

___ Session II - Spring

___ Session II - Spring

___ Session II - Spring

___ Session III - Summer

___ Session III - Summer

___ Session III - Summer