***Student #4:***

Student’s First Name: Student’s Last Name:

Gender: M ⬜ F ⬜ Birth Date: / / (mm/dd/yyyy) Grade:

Cell No (if applicable): ( ) School:

⬜ Text Opt-In (✔if interested in receiving up-to-date messages via text)

 Initial, giving consent to authorize us to send text messages and standard text rates apply with your plan.

Email:

 *Emails are kept confidential*

Any disabilities ⬜ Yes ⬜ No If yes, please explain:

Any special needs ⬜ Yes ⬜ No If yes, please explain:

Allergies ⬜ Yes ⬜ No If yes, please list:

Medications ⬜ Yes ⬜ No If yes, please list:

Primary Doctor: Phone No: ( )

Immunizations up-to-date ⬜ Yes ⬜ No

Select Class #1: Select Class #2:

Select Class #3: Select Class #4:

*\*After registration, student may be enrolled in additional classes.*

***Student #5:***

Student’s First Name: Student’s Last Name:

Gender: M ⬜ F ⬜ Birth Date: / / (mm/dd/yyyy) Grade:

Cell No (if applicable): ( ) School:

⬜ Text Opt-In (✔if interested in receiving up-to-date messages via text)

 Initial, giving consent to authorize us to send text messages and standard text rates apply with your plan.

Email:

 *Emails are kept confidential*

Any disabilities ⬜ Yes ⬜ No If yes, please explain:

Any special needs ⬜ Yes ⬜ No If yes, please explain:

Allergies ⬜ Yes ⬜ No If yes, please list:

Medications ⬜ Yes ⬜ No If yes, please list:

Primary Doctor: Phone No: ( )

Immunizations up-to-date ⬜ Yes ⬜ No

Select Class #1: Select Class #2:

Select Class #3: Select Class #4:

*\*After registration, student may be enrolled in additional classes.*

*\*\*Additional students can be added, ask for additional student information forms.*