



Registration Form 2024-2025

Date: _____

EMAIL ADDRESS: _____

Parents Name _____

Address/Zip _____

Phone _____

Social Security # _____

Student 1 _____

Age/Birthday _____

Grade (upcoming yr.) _____

School: _____

Student 2 _____

Age/Birthday _____

Grade (upcoming yr.) _____

School: _____

Student 3 _____

Age/Birthday _____

Grade (upcoming yr.) _____

School: _____

• Please note: Registration Fees are non-refundable and non-transferable

Preschool/PK3/PK4: _____

Before/After School _____

K5-4th grade: _____

Amount Paid _____

Amount Due _____