

PER CHILD CLASS REGISTRATION FORM (2019-2020)

MIDDLE SCHOOL & HIGH SCHOOL

Child's first and last Name: _____ DOB: _____

Mother's Name: _____ Contact #: _____

Father's Name: _____ Contact #: _____

CLASS FEES:

Period	Class Name	Grade	Sem. 1	Sem. 2
1 st	_____	_____	_____	_____
2 nd	_____	_____	_____	_____
3 rd	_____	_____	_____	_____
4 th	_____	_____	_____	_____
5 th	_____	_____	_____	_____
SUB TOTALS			_____	_____

PAID TEACHER FEES (PLEASE SEE CLASS OFFERINGS):

Period	Class Name	Grade	Sem. 1	Sem. 2
1 st	_____	_____	_____	_____
2 nd	_____	_____	_____	_____
3 rd	_____	_____	_____	_____
4 th	_____ NONE _____	_____	_____ X _____	_____ X _____
5 th	_____ NONE _____	_____	_____ X _____	_____ X _____
SUB TOTALS			_____	_____
FINAL TOTALS			_____	_____

OFFICE USE:

SEM. 1 Fees: Date pd _____ Amount _____ Cash/Check _____

SEM. 2 Fees: Date pd _____ Amount _____ Cash/Check _____