

PER CHILD CLASS REGISTRATION FORM (2019-2020)

PreSchool-ELEMENTARY 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	_____ NONE _____	_____ X _____	_____ X _____	_____ X _____
2 nd	_____	_____	_____	_____
3 rd	_____	_____	_____	_____
4 th	_____	_____	_____	_____
5 th	_____	_____	_____	_____
		SUB TOTALS	_____	_____
		FINAL TOTALS	_____	_____

OFFICE USE:

SEM. 1 Fees: Date pd _____ Amount _____ Cash/Check _____
SEM. 2 Fees: Date pd _____ Amount _____ Cash/Check _____