

REGISTRATION FORM

STUDENT:

TEACHER/GRADE:

1. _____

2. _____

3. _____

ADDRESS _____

TELEPHONE NUMBER _____

(Please circle days required)

EARLY ROOM (7:30 A.M. – 8:30 A.M.)

M T W TH F

HOMEWORK DIVISION (3:00 P.M. - 4:30 P.M.)

M T W TH F

EXTENDED DAY/HALF TIME (3:00 P.M. – 4:30 P.M.)

M T W TH F

EXTENDED DAY/FULL TIME (3:00 P.M. – 6:00 P.M.)

M T W TH F

PARENTS' SIGNATURE _____ **DATE** _____