

Registration Forms

CCS – ASE Session 4, 2007-2008

Day of the week: MON TUE WED THU FRI

Child's Name _____

Parents' name _____

Telephone # _____ Teacher/grade _____

Email _____

Cell phone/Emergency Contact _____

USE A DIFFERENT FORM FOR EACH DAY. PLEASE STAPLE PAYMENT FOR YOUR FIRST CHOICE, MADE PAYABLE TO THE INSTRUCTOR TO THE BACK OF THE FORM. WE CANNOT LIST YOUR CHILD ON THE ASE ROSTER UNTIL PROPER PAYMENT HAS BEEN RECEIVED.

Class (please indicate your first choice for each day)	
1.	3.
2.	4.

- - - - - cut here - - - - -

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