

Mini-Holiday 2011 – 2012 Afters Registration Form

Student's Name: _____ Emergency Tel. # _____

Grade: ___ Homeroom Teacher: _____ email: _____

Day: _____ Course Title: _____ Fee: _____ Check # _____

Please cut along stars

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Student's Name: _____ Emergency Tel. # _____

Grade: ___ Homeroom Teacher: _____ email: _____

Day: _____ Course Title: _____ Fee: _____ Check # _____

Please cut along stars

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Student's Name: _____ Emergency Tel. # _____

Grade: ___ Homeroom Teacher: _____ email: _____

Day: _____ Course Title: _____ Fee: _____ Check # _____

Please cut along stars

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Student's Name: _____ Emergency Tel. # _____

Grade: ___ Homeroom Teacher: _____ email: _____

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Please cut along stars

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Student's Name: _____ Emergency Tel. # _____

Grade: ___ Homeroom Teacher: _____ email: _____

Day: _____ Course Title: _____ Fee: _____ Check # _____