



## After School Discovery Registration Form 2011

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Phone Numbers : \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Check the days desired:

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

Would you consider committing to a full week to avoid being wait listed? \_\_\_\_\_

Are you committed to the specific days above or would you consider the same number of days on different days of the week? \_\_\_\_\_

Special Needs: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our programs? \_\_\_\_\_