

NEW Student Registration Form

ACTIVITIES 4 ALL REGISTRATION FORM

Student's Name:		Gender:	
Date of Birth:		Email Address:	
Age:		Phone Mobile Number:	

Mailing/Home Address:	
Name of Current School Attended:	
Name of Parent/Guardian:	
Parent/Guardian Contact Number:	

Activities registering for (check the following that applies):

- | | | |
|--|---|--|
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Guitar Lessons | <input type="checkbox"/> Trumpet Lessons |
| <input type="checkbox"/> Folkloric Dance | <input type="checkbox"/> Vocal Lessons | <input type="checkbox"/> Piano Lessons |
| <input type="checkbox"/> Mariachi Band | | |

Emergency contact information:

Mailing/Home Address:	
Name:	
Contact Number:	

Allergies Information:

Name of Allergy	
Medication	
Medical Insurance	