Parents/guardian Name:	Father _					
	Mother					
Preferred Cell						
Preferred Email						
Address: Street:				_		
City:		Zi	p	_		
Emergency Contact: Nam	ne:		Relatio	n		ī
Dlagge						
Please list the child or cl	hildren you wish	to register	and grade fo	r Septemb	er <u>2022-23</u>	
Please list the child or c	·	_	_	·		
Please list the child or cl	DOB	Gr _	School			
Phone: Please list the child or cl Child #1: Child #2: Child #3:	DOB	Gr Gr_	School			
Please list the child or cl Child #1: Child #2: Child #3:	DOB	Gr _ Gr _ Gr _	School School School			
Please list the child or cl Child #1: Child #2:	DOB DOB DOB	Gr _ Gr _ Gr _ Gr _	School School School School			
Please list the child or clease list the child or clease list the child or clease list the child #1:  Child #4:  Child #4:  Child #5:	DOB DOB DOB DOB	Gr _ Gr _ Gr _ Gr _	School School School School School			
Please list the child or clease list the child or clease list the child or clease list the child #1:  Child #4:  Child #4:	DOB DOB DOB DOB	Gr _ Gr _ Gr _ Gr _	School School School School School			
Please list the child or clease list the child or clease list the child or clease list the child #1:  Child #4:  Child #4:  Child #5:	DOB DOB DOB DOB	Gr _ Gr _ Gr _ Gr _	School School School School School			
Please list the child or clease list the child or clease list the child or clease list the child #1:  Child #4:  Child #4:  Child #5:	DOB DOB DOB DOB	Gr _ Gr _ Gr _ Gr _	School School School School School			
Please list the child or clease list the child or clease list the child or clease list the child #1:  Child #4:  Child #4:  Child #5:	DOB DOB DOB DOB	Gr _ Gr _ Gr _ Gr _	School School School School School			