

C.L.A.S.S. REGISTRATION

Name of child(ren) _____

Age of child(ren) _____

Persons Authorized to pick up your child(ren)

Days you expect your child to attend C.L.A.S.S.

Mon._____ **Tues.**_____ **Wed.**_____ **Thurs.**_____ **Fri.**_____

Parent's signature _____

Phone number where parent can be reached in case of emergency or questions. _____