



## 2010 Registration Form

<b>Child's Name:</b>	<b>Date of Birth:</b>  <b>Age:</b>
<b>Parent's Name:</b>	<b>Parent's Email:</b>
<b>Phone Number</b>  Home:  Cell:  Work:	<b>Mailing Address</b>
<b><u>Requested Classes</u></b> Example: Monday 8-9      Hip hop  1. 2. 3.	4. 5. 6.