

APPLICATION
(Please print)

Name _____

Age _____

Address _____

Parent(s) _____

Approved Pick up _____

Phone Numbers

Home: _____

Business: _____

Cellular: _____

Cellular: _____

Starting Date _____

Starting Time: _____

Medical Conditions: _____

Comments

BEFORE FIRST DAY OF CLASS:

1. Payment in full-2 weeks prior to class 2. Medical Clearance from a pediatrician

Make checks payable to: RAYNEZ
(Charge of \$25 for each returned check)

2016Registration Begins March 28