



# Registration

ALL ASTERISKED (\*) ITEMS ARE REQUIRED INFORMATION  
**PLEASE PRINT CLEARLY:**

**Student Name\*:** \_\_\_\_\_

Birth date\* (month/day/year): \_\_\_\_\_

Home phone\*: \_\_\_\_\_ Cell phone\*: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

City, State, Zip Code\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

**Parent/Guardian Name(s)\*:** \_\_\_\_\_

Home phone\*: \_\_\_\_\_ Cell phone\*: \_\_\_\_\_

Work phone\*: \_\_\_\_\_ Employer\*: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

City, State, Zip Code\*: \_\_\_\_\_

**Payment Contact (Required if different from above information)\*:**

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Do not write below line.**

**BRANCH:**  VBC  GS  MACC

**SCH:**  TIP \_\_\_\_\_  Other \_\_\_\_\_

**DIVISION:**  PRIMARY  JUNIOR

PROFESSIONAL

OPEN

CLASS SCHEDULE: