

# Registration Form - One Per Family

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Checks to H.S. Community School**                      **Cost: Resident - \$55/ Non-Resident - \$65**

| Class Title  | Session | Day | Time | Student Name | Fee |
|--------------|---------|-----|------|--------------|-----|
|              |         |     |      |              |     |
|              |         |     |      |              |     |
|              |         |     |      |              |     |
|              |         |     |      |              |     |
| <b>TOTAL</b> |         |     |      |              |     |