

## 2017-2018 SHINE Enrichment Class Registration Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Class Day, 12:30-1:00pm:

Monday     Tuesday     Wednesday     Thursday     Friday

Class Type: (Fill Class- 1, 2, 3)

<input type="checkbox"/> Art Explosion	<input type="checkbox"/> Pre- Primary Ballet
<input type="checkbox"/> Beginning Snare Drum	<input type="checkbox"/> Primary Ballet
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Creative Movement
<input type="checkbox"/> Tap	<input type="checkbox"/> Tumbling

Other/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_