

For Office Use Only Date Received:
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QUARTERLY CLASS REGISTRATION FORM
(Duet, PNBS Tots, Creative Movement, Children's Division Boys)
2011-12 Academic Year

Location: The Phelps Center (Seattle) The Francia Russell Center (Eastside)

Class Level Placement for 2011-12 _____ Class Time Designator (I, II, III, etc): _____

Please indicate with a check mark any information you would like omitted from the School Roster.

STUDENT INFORMATION

Last Name:	First Name:
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Birthdate: / /	Age:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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Academic School:	Grade:
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Does your child have any medical, learning, behavioral or other special considerations/circumstances of which the School should be aware? (Please explain):

PRIMARY CONTACT INFORMATION

Guardian Last & First Name:	Relationship to Student:
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Address:	City:	State:	Zip:
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Home Phone:	Cell Phone:
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Employer:	Work Phone:	Email:
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Spouse Last & First Name:	Relationship to Student:
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Work Phone:	Cell Phone:
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Employer:	Email:
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EMERGENCY CONTACT INFORMATION

(Please list someone other than parent)

Name:	Phone:	Relationship to Student:
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