

FALL REGISTRATION FORM 2015-2016

FAMILY INFORMATION

Parents Last Name: _____	Childs Last Name (If Different) _____
Street Address: _____	Town: _____ Zip: _____
Home Phone: () _____	Work Phone: () _____
Cell: () _____	Email: _____
Parents' Name: _____	Emergency Contact: _____
Source: _____ (Friend/Newspaper)	Emergency Phone: () _____

STUDENT INFORMATION

Student 1 Age as of Sept 1st _____ Name: _____ Date of Birth: _____ School & Grade: _____ This is your _____ year at GCDS Medical Comments: _____	Student 2 Age as of Sept 1st _____ Name: _____ Date of Birth: _____ School & Grade: _____ This is your _____ year at GCDS Medical Comments: _____	Student 3 Age as of Sept 1st _____ Name: _____ Date of Birth: _____ School & Grade: _____ This is your _____ year at GCDS Medical Comments: _____
Classes	Classes	Classes
1. Day _____ Time: _____ Class: _____	1. Day _____ Time: _____ Class: _____	1. Day _____ Time: _____ Class: _____
2. Day _____ Time: _____ Class: _____	2. Day _____ Time: _____ Class: _____	2. Day _____ Time: _____ Class: _____
3. Day _____ Time: _____ Class: _____	3. Day _____ Time: _____ Class: _____	3. Day _____ Time: _____ Class: _____
4. Day _____ Time: _____ Class: _____	4. Day _____ Time: _____ Class: _____	4. Day _____ Time: _____ Class: _____
5. Day _____ Time: _____ Class: _____	5. Day _____ Time: _____ Class: _____	5. Day _____ Time: _____ Class: _____
6. Day _____ Time: _____ Class: _____	6. Day _____ Time: _____ Class: _____	6. Day _____ Time: _____ Class: _____

Office Use only: Phone: _____ Person: _____ Mail: _____ Email/Fax: _____ Other: _____

Date Paid: _____ Method: Amount: _____ Cash #/Check# _____ Charge Visa/MC/DISC # _____

Policy
 Payment Schedule
 Confirmation
 Counted
 Posted to Computer
 Photo Release

We offer Auto Pay for your convenience. Please ask at the front desk for details.