

# MY SCHEDULE

Is your child a/an:

- Member       Fall 20 \_\_\_\_\_  
 Kids College       Spring 20 \_\_\_\_\_  
 Afterschool       Summer 20 \_\_\_\_\_

Please fill out form completely before signing up for classes.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location: \_\_\_\_\_

Class Name	Day	Time	Enrolled / Waitlist	

Parent's Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

Fun Crew Initials: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_



## Notes

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