



Summer Registration Form

Student Name: _____

Parent's Name: _____

Parent's Contact Number: _____

Address: _____

Email: _____

Student Date of Birth: _____

Sibling Name: _____

Sibling Date of Birth: _____

Classes: _____

Camp: TuTu _____ At the Movies _____ Drop It Like It's Hot _____

Amount Total for Classes: _____

Office Use:

Paid: Credit Card _____ Check _____ Cash _____