



REGISTRATION FORM: 2015/2016

Educational Year

Student Name: _____

Student Age in Fall 2015: _____

Student Grade in Fall 2015: _____

Parent Names (youth students only): _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Location of Program (check one):

____ Phoenixville Studio

____ Rosemont School of the Holy Child

____ Renaissance Academy

____ Schuylkill Elementary

____ Barkley Elementary

____ East Pikeland Elementary

____ Kindergarten Center

If you are registering for a class, please list the day and time of the class:

If you are registering for a specialty class, what is the name of the specialty class:
