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FALL PRE-REGISTRATION FORM

STUDENT NAME: _____
AGE (AS OF 9/12) **AND** BIRTHDAY: _____
PARENTS' NAME(S): _____
ADDRESS: _____
City: _____ ZIP _____
PHONE: (h) _____ (w) _____
E-mail : _____

I WOULD LIKE TO PRE-REGISTER FOR THE FOLLOWING CLASS(ES):

PLEASE CONSULT INSTRUCTOR PRIOR TO PRE-REGISTRATION

IN ORDER TO GUARANTEE YOUR PLACE IN A CLASS, THE REGISTRATION FEE OF \$15.00 **MUST** ACCOMPANY THE PRE-REGISTRATION FORM. IN AUGUST, YOU WILL STILL NEED TO COMPLETE A NEW REGISTRATION CARD AND PAY SEPTEMBER'S TUITION.