

**STUDENT CARE REGISTRATION 2009/2010**

Student's Name(s) \_\_\_\_\_

Student's Mailing Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Registration Fee for the 2009/2010 School year is \$35.

I have read and understand the Student Care Handbook and the Payment Policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date