

Student's Name:	Nicknam	e:
Birthday:	Allergies:	
Primary Address:		
School District:		
Parent/Guardian Name: _	Day Phone:	E-mail:
Parent/Guardian Name: _	Day Phone:	E-mail:
Emergency Contact:	Phone:	Relationship:
	end reminders about upcoming events, ? Please check all that apply:	or may have questions/concerns. How do
☐ E-mail: (Email address:)	
)	Waist
)	Girth
Fall 2020 – Spring 202 Day & Time	Class Name	
Day & Time	Class Name	
Day & Time	Class Name	
Day & Time	Class Name	
Day & Time	Class Name	
Day & Time	Class Name	
Day & Time	Class Name	