

Registration Form

(please print)

Student Name: _____

Grade _____ Homeroom Teacher _____

Parent/Guardian Names: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Cell Phone: _____

Email: _____ (please print)

Emergency Contact _____ Relationship _____ Phone _____

If a medical emergency occurs, 911 will be called. Please list any medical information, allergies, or special accommodations your child might need below:

Please write a check made payable to the Northshore PTA. The instructor will contact you if your child does **NOT** get into a class due to under or over enrollment and a full refund will be given. **NO LATE REGISTRATIONS WILL BE ACCEPTED!** If you have questions please email the instructor OR fast@northshorepta.org If you ask the NES office a question regarding FAST classes they will refer you to the FAST email. Thank you for your interest in our FAST classes.

Please fill in your child's requested class(es):

<i>Class Title</i>	<i>Instructor</i>	<i>Day of Class</i>	<i>Class Fee</i>
		Total fees	\$

All registration forms must be turned in by Monday, September 24th and classes begin Monday, October 1st. Students will meet in the red hallway after school where they can have a snack. Pick up will be in the car line. Please have your car tag hanging in the window. If you have questions please email fast@northshorepta.org or the instructor of the class.