

Registration Number _____

THURSDAY CONNECTION CO-OP REGISTRATION FORM 2009-2010

STUDENT FORM

Student Name: Last _____ First _____ Birthdate: _____ Grade: _____

Parent's Name: Mom _____ Dad _____

Health Issues: _____

Drug/Food Allergies: _____

Anything else we need to know? _____

Class/ Schedule Desired: (Including hours in break room)	Instructor	Monthly Tuition	Materials Fee
8:00 _____	_____	_____	_____
9:00 _____	_____	_____	_____
10:00 _____	_____	_____	_____
11:00 _____	_____	_____	_____
11:30 _____	_____	_____	_____
12:00 _____	_____	_____	_____
12:30 _____	_____	_____	_____
1:00 _____	_____	_____	_____
1:30 _____	_____	_____	_____
2:30 _____	_____	_____	_____
3:30 _____	_____	_____	_____