

SUMMER SCHOOL REGISTRATION FORM 2017

Name of Child: _____

Grade Child is Entering: _____

School Child Attends: _____

Parent/Guardian: _____

Phone Number of Parent/Guardian: (H) _____

Phone Number of Parent/Guardian: (C) _____

E-Mail Address 1: _____

E-Mail Address 2: _____

*****PLEASE FILL OUT FORM ALONG WITH A \$15
REGISTRATION FEE**

***RETURN BY MAY 19th to Mrs. Colley**

Mailing Address: Charlotte Colley
9516 Tamarisk Parkway
Louisville, KY 40223