

**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**