

**SUMMER SCHOOL REGISTRATION FORM 2018**

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 18th to Mrs. Colley**

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